

SNORE. GASP. SNORT.

Sound familiar?

BAYLOR UNIVERSITY MEDICAL CENTER AT DALLAS



Take the Sleep Apnea Test

The following self-evaluation test will help you determine if you have symptoms that may need medical attention.

- | | | |
|--|------------------------------|-----------------------------|
| Have you been told you snore? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been told you stop breathing during your sleep? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you usually feel sleepy during the day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have high blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a restless sleeper? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you sweat excessively during the night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you awake frequently with headaches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you overweight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to three or more of these questions, you may be experiencing symptoms of sleep apnea, a potentially serious condition.

This test is not a substitute for professional medical diagnosis and treatment management. If you have any concerns regarding your health, ask your physician or call the **The Sleep Center at Baylor Dallas at 214-820-3200.**