

Sleep Evaluation

This sleep evaluation is a guideline to help identify sleep-disordered breathing problems, including Obstructive Sleep Apnea.

Check each box that describes the symptoms you experience on a regular basis.

1. I have been told that I snore.
2. I have been told that I stop breathing when I sleep, although I may have no recollection of this.
3. I am always sleepy during the day even if I slept throughout the night.
4. I have high blood pressure.
5. I have been told that I am a restless sleeper; I am always tossing and turning while I sleep.
6. I tend to sweat excessively while asleep.
7. I frequently wake up with headaches in the morning.
8. I tend to fall asleep during inappropriate times.
9. Others and/or I have noticed a recent change in my personality.
10. I am overweight.

Total Number of Checkmarks:

Your Results

If you marked three or more boxes, you show symptoms of sleep apnea, a life-threatening disorder which causes you to stop breathing during your sleep, possibly several hundred times a night, or another type of sleep-disordered breathing problem. Once diagnosed, these problems can often be treated quickly and easily.

Treatment will not only improve your quality of life, but also increase your life expectancy. To get a full, medical sleep evaluation contact Singing River's Sleep Medicine Team.

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