

1. Do you snore?
2. If you snore, is your snore louder than talking?
3. Do you snore more than 3 times a week?
4. Has your snoring ever bothered other people?
5. Has anyone noticed that you quit breathing during your sleep more than 3 times a week?
6. Do you feel tired more than 3 times a week after sleeping?
7. During your waketime, do you feel tired, fatigued or not up to par more than 3 times a week?
8. Have you ever nodded off or fallen asleep while driving a vehicle?
9. Do you have high blood pressure?
10. Is your BMI over 30?

Did you answer yes to 2 of the questions 1-5?

Did you answer yes to 2 of the questions 6-8?

Did you answer yes to question 9 or 10?

You May Need a Sleep Study

Call us at 573-438-5451 ext. 288 or make an appointment to see your provider.