



Pulmonary Medicine, Critical Care Medicine & Sleep Disorders Medicine

PIMA LUNG & SLEEP, PC

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WHAT IS YOUR
SNORE
SCORE™?

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Patient Name: _____ Date of Birth: ____/____/____

Appointment Date: ____/____/____ Phone # _____

Snore Score™

WHAT'S YOUR SNORE SCORE?™

Your answers to this quiz will help you decide whether you may suffer from sleep apnea:

- ☐ NO ☐ YES 1. Are you a loud and/or regular snorer?
- ☐ NO ☐ YES 2. Have you ever been observed to gasp or stop breathing during sleep?
- ☐ NO ☐ YES 3. Do you feel tired or groggy upon awakening, or do you awaken with a headache?
- ☐ NO ☐ YES 4. Are you often tired or fatigued during the wake time hours?
- ☐ NO ☐ YES 5. Do you fall asleep sitting, reading, watching TV or driving?
- ☐ NO ☐ YES 6. Do you often have problems with memory or concentration?

If you have one or more of these symptoms you are at higher risk for having obstructive sleep apnea. If you are also overweight, have a large neck, and/or have high blood pressure the risk increases even further.

If you or someone close to you answers "yes" to any of the above questions, you should discuss your symptoms with your physician or a sleep specialist. Or ask the American Sleep Apnea Association for more information on the diagnosis and treatment of sleep apnea. Different treatment options exist; which is right for you depends upon the severity of your apnea and other aspects of the disorder. Talk to your doctor about choices. Untreated, obstructive sleep apnea can be extremely serious and cannot be ignored.

You may also be interested in attending a meeting of an ASAA **A.W.A.K.E.** group (A.W.A.K.E. stands for "Alert, Well, And Keeping Energetic", characteristics that are uncommon in people with untreated sleep apnea.) Contact the ASAA for more information on a group in your area.

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