



| While Sleeping Do You.... | Yes | No | I Don't Know |
|--|------------|-----------|---------------------|
| Snore more than half the time? | | | |
| Always snore? | | | |
| Snore loudly? | | | |
| Have 'heavy' or loud breathing? | | | |
| Have trouble breathing or struggle to breathe? | | | |
| Have you ever stopped breathing while sleeping? | | | |
| Do You.... | | | |
| Tend to breathe through the mouth during the day? | | | |
| Have a dry mouth upon waking up in the morning? | | | |
| Wake up feeling un-refreshed in the morning? | | | |
| Have problems with sleepiness during the day? | | | |
| Is it hard for you to wake up in the morning? | | | |
| Do you wake up with headaches in the morning? | | | |
| Did you stop growing at a normal rate at any time since birth? | | | |
| Are you overweight? | | | |

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Total number of YES responses _____

If eight or more statements are answered "yes", consider referring for sleep evaluation.

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