



**Griffin Hospital Occupational Medicine Center**

**10 Progress Drive, Shelton, CT 06484 • 203-944-3718**

**Sleep Apnea Screening**

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

To determine whether the symptoms you are experiencing may be indicative of a sleep disorder such as OSA (Obstructive Sleep Apnea), please circle "yes" or "no" to the questions below:

- Do you snore?      Yes                  No**
- Are you excessively tired during the day?                  Yes                  No**
- Do you wake during the night feeling breathless?                  Yes                  No**
- Have you been told you stop breathing during sleep?                  Yes                  No**
- Do you have a history of high blood pressure?                  Yes                  No**

If you answered "yes" to two or more of these questions, then we strongly recommend you contact the Sleep Wellness Center at Griffin Hospital. Their staff is qualified to conduct a comprehensive sleep study, determine the nature of your disorder and recommend the most effective treatment options.

Please retain a copy of this survey and contact the Sleep Wellness Center at 203-732-7571.