



Griffin Hospital Occupational Medicine Center

100 Commerce Drive, Shelton • 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 answer "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.