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SLEEP APNEA QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you been diagnosed with obstructive sleep apnea? () Yes () No

If yes, do you use CPAP? () Yes () No

If yes, what is the setting? _____ cm H2O

Date and place of the sleep study _____

Do you usually snore? () Yes () No

Do you awaken frequently from sleep? () Yes () No

Do you have difficulty falling back to sleep? () Yes () No

Are you frequently sleepy during daytime hours? () Yes () No

Please rate the following question, using 0,1,2, or 3

How likely are you to become sleepy or drowsy (not just tired) in the following circumstances:

_____ Reading in daytime

_____ Sitting up watching TV (not late at night)

_____ In meetings, lectures, concerts, etc.

_____ In conversations

_____ Passenger in the car on drives greater than 1 hour

_____ Sitting quietly after lunch

_____ If given the chance to lie down in the afternoon

_____ Stopped in traffic

