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## AM I A CANDIDATE?

1) Do you snore or does your partner report any snoring? (yes) (no)

2) Do you often feel tired, fatigued or sleepy during the day? (yes) (no)

3) Has anyone observed you stop breathing while you're asleep? (yes) (no)

4) Do you have high blood pressure? (yes) (no)

5) Is your body mass index (BMI) more than 35? (yes) (no)

6) Are you over the age of 50? (yes) (no)

7) Is your neck circumference more than 40 centimeters (15.75 inches) (yes) (no)

8) Is your gender male? (yes) (no) If you say yes to at least 3 of eight questions you have a high probability of OSA