

Is **SNORING** a problem in your household?

Are you **TIRED** of not getting restful sleep?

If you answered **YES**, then you need to take this test....

<p><b>1. Body Mass Index Information:</b> Height (in inches): <input type="text"/> Weight (in pounds): <input type="text"/></p> <p style="text-align: center;"><b>CATEGORY 1 QUESTIONS</b></p> <p><b>2. Do you snore?</b> <input type="radio"/> Yes ** <input type="radio"/> No <input type="radio"/> I don't know</p> <p><b>3. How loud is your snoring?</b> <input type="radio"/> My snoring is as loud as breathing <input type="radio"/> My snoring is as loud as talking <input type="radio"/> My snoring is louder than talking ** <input type="radio"/> My snoring is very loud **</p> <p><b>4. How frequently do you snore?</b> <input checked="" type="radio"/> Almost every day ** <input type="radio"/> 3 - 4 times per week ** <input type="radio"/> 1 - 2 times per week <input type="radio"/> 1 - 2 times per month <input type="radio"/> Never or almost never</p> <p><b>5. Does your snoring bother other people?</b> <input type="radio"/> Yes ** <input type="radio"/> No</p> <p><b>6. How often have your breathing pauses been noticed?</b> <input type="radio"/> Almost every day ** <input type="radio"/> 3 - 4 times per week ** <input type="radio"/> 1 - 2 times per week <input type="radio"/> 1 - 2 times per month <input type="radio"/> Never or almost never</p>	<p style="text-align: center;"><b>CATEGORY 2 QUESTIONS</b></p> <p><b>7. Are you tired after sleeping?</b> <input type="radio"/> Almost every day ** <input type="radio"/> 3 - 4 times per week ** <input type="radio"/> 1 - 2 times per week <input type="radio"/> 1 - 2 times per month <input type="radio"/> Never or almost never</p> <p><b>8. Are you tired during waketime?</b> <input type="radio"/> Almost every day ** <input type="radio"/> 3 - 4 times per week ** <input type="radio"/> 1 - 2 times per week <input type="radio"/> 1 - 2 times per month <input type="radio"/> Never or almost never</p> <p><b>9. How often do you nod off or fall asleep while driving?</b> <input type="radio"/> Almost every day ** <input type="radio"/> 3 - 4 times per week ** <input type="radio"/> 1 - 2 times per week <input type="radio"/> 1 - 2 times per month <input type="radio"/> Never or almost never</p> <p style="text-align: center;"><b>CATEGORY 3 QUESTIONS</b></p> <p><b>10. Do you have high blood pressure?</b> <input type="radio"/> Yes ** <input type="radio"/> No <input type="radio"/> I don't know</p> <p><b>BMI (body mass index)</b> <input type="text"/> BMI &gt; 30 **</p> <p>Weight BMI = <input type="text"/> X 703 Height X Height</p> <p><small>Weight in pounds, height in inches OR Weight in kilograms, height in meters</small></p>
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**High Risk** = 2+ sections with **TWO** or **MORE** points

**Low Risk** = 0-1 sections with **TWO** or **MORE** points

*An oral appliance can be extremely effective in treating sleep apnea!*

FOR MORE DETAILS, PLEASE CALL OUR OFFICE AT 480-214-9060