Snoring & Sleep Apnea Risk Self-Assessment Quiz

This quiz is not a diagnosis — it's a tool to help identify potential signs of a deeper sleep issue. If you score moderate or high, consider seeking professional advice.

Fip: Retake this quiz after 30 days of consistent lifestyle changes or snoring remedy trials to check for improvement.

<u>Track your sleep and snoring patterns in a journal for 7–14 days to find triggers and patterns!</u>

Breathing Exercises for you to try

Instructions:

Answer each question truthfully. Circle/Tick Yes or No.

😴 Section 1: Snoring Frequency

1.	Do you s	nore loudly enough to be heard through doors or walls?
2.	Have you	been told that your snoring disrupts others' sleep?
3.	Do you s	nore every night or most nights of the week?

Section 2: Breathing Patterns During Sleep

4.	Has anyone observed you stop breathing during sleep? Yes No
	Have you ever woken up gasping or choking for air? Yes No
6.	Do you experience dry mouth or a sore throat upon waking? Yes No

🧠 Section 3: Daytime Symptoms 7. Do you often feel tired or groggy during the day, even after a full night's sleep? ☐ Yes ☐ No 8. Do you struggle with concentration, memory, or mood swings? Yes No 9. Do you rely heavily on caffeine to get through the day? ☐ Yes ☐ No Section 4: Health Indicators 10. Do you have high blood pressure or take medication for it? Yes No 11. Are you overweight or have you gained weight recently? Yes No 12. Do you have a neck circumference of more than 16 inches (40 cm)? ☐ Yes ☐ No Scoring • 0-3 YES answers: Low.Risk — Your snoring may be minor and lifestyle-related. Try the natural tips and continue tracking your progress. • 4-6 YES answers: Moderate.Risk — Consider trialling snoring aids and implementing the book's recommendations. Track your symptoms closely. • 7+ YES answers: 🞽 High.Risk — You may be experiencing symptoms of obstructive sleep apnea or another sleep disorder. It's recommended to speak with a healthcare provider or sleep specialist.