

The Dallas Kakar Inventory (DKI)

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| 1. Has anyone ever told you that you snore? | Yes | No |
| 2. Has anyone ever told you that you stopped breathing during sleep? | Yes | No |
| 3. Do you have a history of high blood pressure or hypertension? | Yes | No |
| 4. Do you have a history of diabetes? | Yes | No |
| 5. Do you have a history of heart attack or heart disease? | Yes | No |
| 6. Do you have a history of atrial fibrillation or congestive heart failure? | Yes | No |
| 7. Do you wake up frequently during the night? | Yes | No |
| 8. Do you experience heartburn or reflux symptoms? | Yes | No |
| 9. Do you wake up feeling unrefreshed from sleep? | Yes | No |
| 10. Do you feel tired or sleepy during the daytime? | Yes | No |

The Dallas Kakar Inventory is a screening tool and is not intended to provide a diagnosis of any disease or illness. The Author of the Inventory assumes no liability for its use.