

Name: _____

Date of Birth: _____

Date: _____

SNORING/SLEEP APNEA QUESTIONNAIRE

1. What time do you usually go to sleep?

What time do you usually wake up?

BMI
705 X _____ (#)
/ _____ (")
/ _____ (")

2. Use the following scale to choose the most appropriate number for each situation.

- 0=Would never doze
- 1=Slight chance of dozing
- 2=Moderate chance of dozing
- 3=High chance of dozing

- Sitting and reading _____
- Watching television _____
- Sitting inactive in a public place (theater) _____
- As a passenger in a car for an hour _____
- Lying down to rest in the afternoon _____
- Sitting and talking to someone _____
- Sitting quietly after lunch without alcohol _____
- In a car while stopping for a few minutes in traffic _____
- Total _____

3. Use the following scale to choose the most appropriate number for each situation.

- 0=Never
- 1=Infrequently
- 2=Frequently
- 3=Most of the time

- My snoring affects my relationship with my bed partner _____
- My snoring causes my bed partner to be irritable and/or tired _____
- My snoring requires my bed partner to sleep in a separate room _____
- I am fatigued, exhausted, tired and feel lack of energy _____
- I have a morning headache _____
- I lose concentration, forget things, and/or fall asleep at inappropriate times _____
- My sleep does not seem to be restorative or restful _____
- I feel depressed or down _____
- My snoring is loud _____
- My snoring affects people when I am sleeping away from home (hotel) _____
- I have made previous attempts to 'fix' my snoring _____

Total _____

- 4. Do you have trouble breathing through your nose in the daytime? YES___ NO___
- 5. Is your nose more stopped up when you are lying down? YES___ NO___
- 6. Is your nose stopped up when you awaken? YES___ NO___
- 7. Do you have frequent nightmares or strange dreams? YES___ NO___
- 8. Do you have heartburn? YES___ NO___
 - a. Is your throat sore when you wake up? YES___ NO___
- 9. Have you been prescribed medication for high blood pressure? YES___ NO___
- 10. Do you snore in all body positions? YES___ NO___