QUESTIONNAIRE FOR SNORING

Patient Name______________________________Age____Sex_______Date___________

Epworth Sleepiness Scale Form

How likely are you to doze off or fall asleep in the situations described in the box below, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you.

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*

Situation	**Chance of dozing**
Sitting and reading	______
Watching TV	______
Sitting, inactive in a public place (e.g. a theatre or a meeting)	______
As a passenger in a car for an hour without a break	______
Lying down to rest in the afternoon when circumstances permit	______
Sitting and talking to someone	______
Sitting quietly after a lunch without alcohol	______
In a car, while stopped for a few minutes in traffic	______
Total score	_____

Behavior during Sleep

Use the following scale to choose the *most appropriate number* for each situation:

0 = Never during a usual night *3 = Half the nights to almost always*
1 = Less than once a week *4 = Almost always or every night*
2 = Once to about half the nights per week *? = Don't know or haven't been told*

During your usual sleep, you have noticed or have been told you do the following: (0-4,?)

1. Snore loudly ______
2. Stop breathing ______
3. Choke, struggle for breath ______
4. Toss and turn frequently ______
5. Wake up with headache ______

Usual number hours of sleep per night ______________________________
Number of time you rise to use toilet ______________________________

Height______ft.______inches. Present body weight______lbs. Weight gained in last 12 mos______lbs.
Have you had an overnight sleep test? ______________________________
What other doctors have you seen about your snoring, and what did they advise or do? _______________
(Use back if more space is needed)
Thank you for your co-operation

____

Signature