SNORING/SLEEP APNEA QUESTIONNAIRE

****PLEASE USE BLUE OR BLACK INK ONLY****

Patient's name:_____

DOB:_____ **DATE:**_____

HAVE YOU HAD ANY OF THE FOLLOWING?:

☐ **YES**	☐ **NO**	Apnea (stopping breathing during the night)
☐ **YES**	☐ **NO**	Waking yourself up with your snoring
☐ **YES**	☐ **NO**	Spouse, family or acquaintances noting sleep apnea
☐ **YES**	☐ **NO**	Hypersomnolence (excessive sleepiness during the day, frequent naps, difficulty staying awake in quiet situations or in social situations)
☐ **YES**	☐ **NO**	Difficulty driving (falling asleep)
☐ **YES**	☐ **NO**	Difficulty in paying attention
☐ **YES**	☐ **NO**	Headaches
☐ **YES**	☐ **NO**	Leg cramps
☐ **YES**	☐ **NO**	Night time muscular twitching movement
☐ **YES**	☐ **NO**	Recent weight gain (over last year)
☐ **YES**	☐ **NO**	Nasal congestion or post nasal drainage
☐ **YES**	☐ **NO**	Surgery or fractures in the head and neck, face or sinuses
☐ **YES**	☐ **NO**	Problems with thyroid
☐ **YES**	☐ **NO**	Sleep studies (a sleep study or polysomnogram)
☐ **YES**	☐ **NO**	Previous treatment for this problem
☐ **YES**	☐ **NO**	Adenotonsillectomy (T&A)
☐ **YES**	☐ **NO**	Do you use any sedatives

Approximate alcohol intake_____

How many hours of sleep do you get a night?_____

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent time. Even if you have not 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 or sleep.
1 = slight chance of dozing or sleeping.
2 = moderate chance of dozing or sleeping.
3 = high chance of dozing or sleeping.

Situation	Chance of Dozing or Sleeping
Sitting and Reading	_____
Watching television	_____
Sitting inactive in a public place	_____
Being a passenger in a motor vehicle for an hour or more	_____
Lying down in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after lunch (no alcohol)	_____
Stopped for a few minutes in traffic while driving	_____

Total Score (add scores up)
This is your Epworth Score _____