

Sleep/ Snoring Questionnaire

Date: _____

First Name: _____ Last Name: _____

Patient's Date of Birth: _____

Please check YES or NO to all the statements.

	YES	NO
1. My family complains about my snoring		
2. People refuse to share a bedroom because of my snoring		
3. Experience loud snoring when sleeping on my back		
4. Experience loud snoring when sleeping on my side		
5. Experience loud snoring even when asleep sitting up		
6. I have been told I stop breathing during sleep		
7. I have been told I choke or gasp during sleep		
8. I wake up with a choking or gasping sensation.		
9. I wake up with my heart beating faster than usual.		
10. Experience nasal congestion, obstruction or discharge at night		
11. Dry mouth upon awakening		
12. Headaches upon awakening		
13. Waking up feeling tired		
14. Feeling exhausted despite sleeping for many hours		
15. Fighting sleepiness during daily activities		
16. Difficulty staying alert when I am required		
17. Decreased concentration		
18. Forgetfulness		
19. Taking more than 30 minutes to fall asleep on most nights		
20. Wake up during night and have hard time falling back asleep		
21. Waking up early and being unable to fall back asleep		
22. Need to use sleep aids or medications		
23. Unable to sleep at all		
24. "Restlessness of Legs" when lying down in bed before sleep		
25. Leg twitches during sleep		
26. Alcohol use before bed		

How likely are you to doze off and fall asleep in the following situations? Even if you have not done some of these things recently, try to remember how you have reacted in the past. Check the most appropriate response for each situation.

Situation:

EPWORTH SLEEPINESS SCALE	Never Doze (0)	Slight Chance of Dozing (1)	Moderate Chance of Dozing (2)	High Chance of Dozing (3)
Sitting and Reading?				
Watching TV?				
Sitting inactive in a public place? (ie: Theatre, Movie, Meeting)				
As a passenger in a car for an hour without a break?				
Lying down to rest in the afternoon at home when conditions permit?				
Sitting and talking to someone?				
Sitting quietly after a lunch without alcohol?				
In a car, While stopped in traffic for a few minutes?				