

Your Name _____

Your Date of Birth _____

Today's Date _____

SNORING QUESTIONNAIRE

If you snore, you are very familiar with the impact lack of sleep has on your quality of life. Snoring not only disrupts sleep, it may also be a sign of a serious condition called Obstructive Sleep Apnea (OSA). To find out if you should be concerned about your snoring, choose a number from the scale below that best describes your snoring in each situation.

- 0 = Never
- 1 = Infrequently (1 night per week or less)
- 2 = Frequently (2 – 3 nights per week)
- 3 = Most of the time (4 or more nights per week)

<u>SITUATION</u>	<u>YOUR SCORE</u>			
My snoring affects my relationship with my partner _____	0	1	2	3
My snoring causes my partner to be irritable or tired _____	0	1	2	3
My snoring requires us to sleep in separate rooms _____	0	1	2	3
My snoring is loud _____	0	1	2	3
My snoring affects other people when I am sleeping away from home (hotel, camping, etc.) _____	0	1	2	3
Total Score _____				

If you scored 5 or greater, your snoring is affecting your quality of life and relationships. You should consider discussing treatment options available for your snoring with your doctor.

SLEEPINESS QUESTIONNAIRE

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations? Use the scale below to choose the most appropriate number for each situation:

- 0 = would never doze off or fall asleep
- 1 = slight chance of dozing off or falling asleep
- 2 = moderate chance of dozing off or falling asleep
- 3 = high chance of dozing off or falling asleep

<u>Situation</u>	<u>Your Score</u>			
Sitting and Reading -----	0	1	2	3
Watching Television -----	0	1	2	3
Sitting inactive in a public place (movie theater) -----	0	1	2	3
As a passenger in a car for an hour without a break -----	0	1	2	3
Lying down to rest in the afternoon -----	0	1	2	3
Sitting and talking to someone -----	0	1	2	3
Sitting quietly after lunch without alcohol -----	0	1	2	3
In a car while stopped for a few minutes in traffic -----	0	1	2	3
Total Score _____				

If you scored 6 or greater, you may have a sleep disorder. Your doctor will discuss your results with you.