

## Questionnaire For Snoring/ Sleep Apnea

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

### The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things in 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

<b>Situation:</b>	<b>Chance of dozing</b>
Sitting and reading _____	
Watching TV _____	
Sitting, inactive in a public place( e.g. movie theater or 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 lunch without alcohol _____	
In the car, while stopped for a few minutes in traffic _____	
<b>Total Score</b> _____	

### Behavior During Sleep

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

- 0= never during a usual night
- 1= less than once a week
- 2= once to about half the nights/ week
- 3= half the nights to almost always
- 4= almost always or every night
- ?= 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, ?)	
Snore loudly _____	
Stop breathing _____	
Choke, struggle for breath _____	
Toss and turn frequently _____	
Wake up with a headache _____	
Usual number hours of sleep / night _____	
Number of times you rise to use the toilet _____	