

Patient Name: _____ Date: _____

Snoring Questionnaire

Snoring can be a harmless annoyance or an indication of a more serious sleep disorder. This short quiz can help you to determine if your snoring is affecting your life and relationships.

Choose the number from the scale below that best describes the snoring in your situation.

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

Situation:	Your Score
Snoring affects my relationship with my partner.	
Snoring causes my partner to be irritable or tired.	
Snoring requires us to sleep in separate rooms.	
The snoring is loud.	
Snoring affects other people when I am sleeping away from home (hotel, camping, etc.).	
Total:	

If your total score is 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?

Situation:	Your Score
Sitting and reading	
Watching television	
Sitting inactive in a public place (movie theater)	
As a car passenger for an hour without a break	
Lying down to rest in the afternoon	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car while stopped for a few minutes in traffic	
Total:	

Use the scale below 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

If your total score is 6 or greater, you may have a sleep disorder. Your doctor will discuss the results with you.