

Epworth Sleepiness Scale & Snoring Questionnaire

This survey is used to determine your level of daytime sleepiness:

- A score of 18 or more is very sleepy
- If you score 10 or more, you should consider if you are obtaining adequate sleep, improve your sleep hygiene and/or see a sleep specialist.

	Would never doze or sleep	Slight chance of dozing or sleeping	Moderate chance of dozing or sleeping	High chance of dozing or sleeping
1. Sitting and reading	0	1	2	3
2. Watching TV	0	1	2	3
3. Sitting inactive in a public place	0	1	2	3
4. Being a passenger in a motor vehicle for an hour or more	0	1	2	3
5. Lying down in the afternoon	0	1	2	3
6. Sitting and talking to someone	0	1	2	3
7. Sitting quietly after lunch (no alcohol)	0	1	2	3
8. Stopped for a few minutes in traffic while driving	0	1	2	3
Totals:				

Snoring Questionnaire

Symptoms (check any which you have had):			
<input type="checkbox"/> Tired all the time	<input type="checkbox"/> Restless disturbed sleep	<input type="checkbox"/> Wake-up gasping for breath	
<input type="checkbox"/> Memory problems	<input type="checkbox"/> Headaches upon awakening	<input type="checkbox"/> Stop breathing during sleep	
<input type="checkbox"/> Trouble concentrating	<input type="checkbox"/> Falling asleep while driving	<input type="checkbox"/> Impotence	
<input type="checkbox"/> Snoring every night	<input type="checkbox"/> Nasal Obstruction	Recent weight gain: _____ lbs	
<input type="checkbox"/> Excessive movement during sleep	<input type="checkbox"/> Partner sleeps in another room due to snoring	<input type="checkbox"/> Falling asleep during the day or after meals	
Surgical History (write date of procedure):			
Tonsillectomy: _____	Adenoidectomy: _____	Tracheotomy: _____	
Nasal Surgery: _____		Sinus Surgery: _____	
Uvulopalatoplasty (UPPP): _____		Other Surgery: _____	
Previous Treatment(s):			
Treatment for Snoring? no / yes – What type?			
Diagnosis of Sleep Apnea? no / yes – When & by Whom?			
A Sleep Study? no / yes – When & Where?			
Previous treatment for Sleep Apnea? no / yes – When & Where?			

Name: _____

Date: _____