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Sleep and Snoring Questionnaire

PLEASE ANSWER LEGIBLY TO THE BEST OF YOUR KNOWLEDGE

Name_____ Date_____

Height_____ Weight_____

Do you take sleeping pills? □Yes □No
If yes, what kind?_____

Do you take any kind of medicine that affects your sleep? □Yes □No
If yes, please list_____

Do you have any of the following? (Requiring medication or hospitalization)

High blood pressure	Yes	No	Heart failure	Yes	No
Irregular heart beat	Yes	No	Thyroid disease	Yes	No
Sleep apnea	Yes	No	Heart valve replacement	Yes	No

Please mark any of the following surgeries you have had:

□Tonsillectomy
□Tracheotomy
□Nasal surgery
□Other oral surgery (list):_____
□Adenoidectomy
□Uvulopalatoplasty (UVP / UVPP)
□Sinus surgery

Please mark problems you are having:

□Tired all the time
□Restless or disturbed sleep
□Night time waking short of breath
□Excessive movements in sleep
□Falling asleep while driving
□Partner sleeps in another room due to noise
□Memory problems
□Nasal congestion / obstruction
□Stop breathing in sleep
□Falling asleep during or after meals
□Recent weight change (+/-____lbs)

Have you had a **sleep study**? □Yes □No
If yes, where?_____

Have you had any previous snoring or sleep treatment? □Yes □No

If yes, please mark:

□CPAP
□UPPP
□Nasal Surgery
□Tonsillectomy
□Dental Appliance
□Maxillary Surgery
□Pillar
□Other_____

ENTOffice.org, PLLC
Epworth Sleepiness Scale

Name_____ Date_____

Age (years)_____ Sex:□Male □Female □Other

How likely are you to doze off or fall asleep in the following situations, instead of just feeling tired? This is about your recent and usual way of life.

Even if you have not done some of these things recently, try to think about how they would affect you.

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

0	would *never* doze or sleep
1	*slight* chance of dozing or sleeping
2	*moderate* chance of dozing or sleeping
3	*high* chance of dozing or sleeping

It is important that you answer each question as best as you can.

Situation	**Chance of Dozing (0-3)**
Sitting and Reading	
Watching TV	
Sitting, not active, in a public place (movie theatre or a meeting)	
Being a passenger in a car for an hour without stopping	
Lying down in the afternoon	
Sitting and talking to someone	
Sitting quietly after a lunch (no alcohol)	
Stopped for a few minutes in traffic while driving	

Total: _____