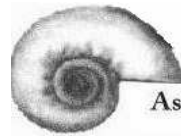


Name: _____
 DOB: _____
 Age: _____
 Date: _____



Ear, Nose & Throat
 Associates of Southeastern CT, P.C.

SNORING AND SLEEP APNEA QUESTIONNAIRE

Do you wake frequently during the night and feel unrefreshed in the morning?

Yes No

Do you have difficulty staying awake during the day?

Yes No

Have you been told that you stop breathing, or gasp for breath while sleeping?

Yes No

Are you overweight? Do you find it difficult to lose weight?

Yes No

Do you wake up with a dry mouth, sore throat or headache in the morning?

Yes No

Do you have difficulty concentrating during the day?

Yes No

Do you need to take naps during the day?

Yes No

Does your snoring bother you or your spouse enough for you to consider treatment?

Yes No

Please rate how likely you are to doze off or fall asleep in the following situations:

	Never	Slight Chance	Moderate Chance	High Chance
1. Sitting and reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Watching T.V.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sitting inactive in a public place.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. As a car passenger for 1 hour without a break.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lying down to rest in the afternoon.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sitting & talking to someone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sitting quietly after lunch without alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In a car, while stopping for a few minutes in a traffic....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

