

CUMBERLAND VALLEY ENT CONSULTANTS

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SNORING QUESTIONNAIRE

Name: _____

Date: _____

	YES	NO	COMMENTS
1. How many years have you been snoring? _____ years			
2. Do you snore every night?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. In all positions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Have you ever broken your nose?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Have you ever had any nasal surgery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. If your snoring has worsened, has your weight changed significantly?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If so, how much? _____			
7. Do you feel tired even after a good night's sleep?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Do you wake up often at night?	<input type="checkbox"/>	<input type="checkbox"/>	_____
How many times? _____			
9. Do you fall asleep easily while sitting up in a chair?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Do you feel like or have you ever fallen asleep while driving?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. How many hours a night do you typically sleep? _____ hours			
12. Do you use any sedating medications at bedtime?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Do you use any alcohol in the evening?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name: _____

Ht: _____ Wt: _____ Age: _____ Sex: M / F

Please indicate the likelihood that you would fall asleep in the following situations (on a scale of 0 to 3). This refers to your usual way of life in recent times. 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

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