



advanced EAR, NOSE & THROAT

head and neck surgery

Sleep Apnea

Please answer each question by filling in the appropriate circle fully.

How often do you Snore?

- Never
- Soft
- occasionally
- Heard in next room
- Heard through out house
- Heard outside house

Any witnessed apneic episodes?

- Never
- Rarely
- Occasionally
- Often
- Usually

Do you have Excessive daytime sleepiness?

- Never
- Rarely
- Occasionally
- Often
- Usually

Do you have Morning Headaches?

- Never
- Rarely
- Occasionally
- Often
- Usually

Are you likely to doze off or fall asleep in any of the following situations?

- Sitting and Reading
- Watching TV
- Sitting in a public place: Theater, Meeting
- Car passenger
- Lying down to rest in afternoon
- Sitting and talking to someone
- Sitting quietly after lunch without alcohol
- In a car while stopped for a few minutes in traffic
- In a car while driving

Have you ever had a Sleep Study?

- Not done
- Mild Sleep Apnea
- Moderate Sleep Apnea
- Severe Sleep Apnea

Do you use a CPAP?

- Never used
- Currently using
- Tried but cannot tolerate