

## Snoring Questionnaire

Before you come in for your visit to assess your snoring there are a few things you can do before you come that may allow you to make your visit more useful. Circle the appropriate response.

1. Afrin test:

A: you can obtain afrin (oxymetazoline 0.5% solution), generic is fine, over the counter.

B: spray your nose with afrin , two sprays to each nostril 30 minutes before bedtime. Make sure your nose opens up as clearly as possible. If your unsure you can repeat this after 15 minutes.

C: Have your bed partner sleep in the same bed with you and in the morning make a note of their report of how bad your snoring was. Fill in the chart below.

D: Repeat this for three nights (they don't necessarily have to be consecutive nights)

First night: Snoring is            A) worse than normal  
   B) no change  
   C) improved, but I still can't tolerate it  
   D) improved and no longer a problem

Second night: Snoring is        A) worse than normal  
   B) no change  
   C) improved, but I still can't tolerate it  
   D) improved and no longer a problem

Third night: Snoring is         A) worse than normal  
   B) no change  
   C) improved, but I still can't tolerate it  
   D) improved and no longer a problem

2. Find out if your bed partner witnesses you stop breathing, gasp for breath or have irregular snoring.    Yes    No

3. Do you have headaches in the morning?    Yes    No

4. Are you tired during the day? Fill out the Epworth Sleepiness Scale below.

Please indicate the likelihood that you would fall asleep in the following situations (Scale of 0-3). This refers to your Snoring and Apnea can result in excessive sleepiness. The following **Epworth Sleepiness Scale** can measure your degree of sleepiness usual way of life in recent time. Use the following scale to choose the most appropriate number for each situation.

**\*If total is greater than 10, you have significant sleepiness.**

- would never doze  1
- slight chance of dozing  2
- moderate chance of dozing  3
- high chance of dozing  4

**Chance of Dozing**

**Situation**

\_\_\_\_\_

Sitting and reading

\_\_\_\_\_

Watching television

\_\_\_\_\_

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

\_\_\_\_\_

Totals