



# Ear, Nose and Throat Associates of Northern Colorado

## Sleep Apnea/Disorders Questionnaire

Patient Name: \_\_\_\_\_ Age \_\_\_\_\_ Date: \_\_\_\_\_

Do you Snore?    Yes                  No                  Do you wake up your partner?    Yes                  No  
On a scale of 1-10, 10 being the loudest, how loud do you snore?                                  1 2 3 4 5 6 7 8 9 10

Has anyone witnessed you stop breathing or gasping for air while you're asleep?    Yes                  No  
Specify: \_\_\_\_\_

Do you have or have you ever been treated for high blood pressure?    Currently                  Past                  Never  
Specify: \_\_\_\_\_

Are you excessively sleepy during the day?    Yes    No    How often: \_\_\_\_\_

Do you have morning headaches?    Yes                  No    Specify \_\_\_\_\_

Are you anxious or depressed?    Yes                  No    Specify: \_\_\_\_\_

Do you wake up at night? \_\_\_\_\_    How many times do you wake up at night? \_\_\_\_\_

Have you been told that you kick your legs when you are asleep?    Yes                  No

Do you have unpleasant sensations in your legs (aching/ tingling) that keep you from sleeping?    Yes                  No

Do you ever get a sudden, intense feeling to fall asleep during the day that requires a nap?    Yes                  No

Do you suddenly develop muscle weakness or fall after a bout of emotion?    Yes                  No

Do you have any unusual behaviors while sleeping?    Yes                  No

Please describe the behaviors: \_\_\_\_\_

★ Have you ever been to a sleep lab or been diagnosed with sleep apnea?    Yes                  No  
If Yes, When: \_\_\_\_\_ Where: \_\_\_\_\_

**Please use the following scale to answer the following questions.**

- 0 = No chance of dozing**
- 1 = Slight chance of dozing**
- 2 = Moderate chance of dozing**
- 3 = High chance of dozing**

<b>SITUATION</b>	<b>CHANCE OF DOZING</b>
<b>Sitting and reading</b>	_____
<b>Watching television</b>	_____
<b>Sitting inactive in a public place i.e. (a theater or a meeting)</b>	_____
<b>As a passenger in a car for an hour without a break</b>	_____
<b>Lying down to rest in the afternoon when circumstances permit</b>	_____
<b>Sitting and talking with someone</b>	_____
<b>Sitting quietly after a lunch without alcohol</b>	_____
<b>In a car while stopped for a few minutes in traffic</b>	_____
<b>Total</b>	_____