

# Snoring and Sleep Apnea History

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Chief Complaint:  Snoring  Sleep Apnea  Other: \_\_\_\_\_

Sleep Symptoms: Snoring: \_\_\_\_\_

- 0 = None
- 1 = Soft, occasional
- 2 = Heard in adjacent room
- 3 = Heard throughout the house
- 4 = Heard outside the house

Has your spouse moved to another room.

Yes

No

Sometimes \_\_\_\_\_ Days/Week

## THE EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?  
This refers to your usual way of life in recent times.

0 = would NEVER doze                      1 = slight chance of dozing

2 = moderate chance of dozing    3 = high chance of dozing

### Situation

### Chance of dozing

	<u>Chance of dozing</u>					
	0	1	2	3	TOT	
Sitting and reading						
Watching TV						
Sitting, inactive in a public place (e.g. a theater or 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						SCORE
In a car driving						(>11 is abnormal)

Date \_\_\_\_\_