



Central California Ear, Nose & Throat Medical Group
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Name:	Date:
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Sleep and Breathing Questionnaire
 Please mark each appropriate answer with a

1. Do you snore?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If "No" or "Don't Know," skip to question 5.					
2. Does your snoring bother other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know		
3. Snoring loudness	<input type="checkbox"/> Very loud	<input type="checkbox"/> Louder than talking	<input type="checkbox"/> Loud as talking	<input type="checkbox"/> Loud as breathing	
	Almost every day	3-4 times/week	1-2 times/week	1-2 times/mo	Never or almost never
4. Snoring Frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been told that you stop breathing during sleep? If so how often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you wake up tired after a night's sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you feel excessively tired during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever fallen asleep while driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your weight changed?	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> No Change		

Adapted from: Annals of Internal Medicine Oct 5, 1999. 131:485-491

For Office Use	Weight	lbs or kg	Height	Inches or cm	BMI
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Epworth Sleepiness Scale

Please circle the response that best describes the chance of you falling asleep or dozing off in the following situations:

Chance of dozing or falling asleep: 0= Never 1= Slight 2= Moderate 3= High

Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place	0	1	2	3
Passenger in a car for over an hour	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car while stopped for a few minutes in traffic	0	1	2	3
Total Score				

Adapted from: Sleep 1994 Dec; 17(8), 703-10