Name: ___________________________________________  Date: ________________

Height: __________  Weight: __________

Recent weight change (circle one)?  None  Loss  Gain  How much? __________

Have your tonsils been removed (circle one)?  Yes  No

Snoring History

• Are others able to sleep in the same room (circle one)?  Always  Sometimes  Never

• Do you snore when sleeping on your…  Back  Stomach  Side

• How bad is your snoring (circle one number)?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

0 = None
1-3 = Soft, not bothersome
4-6 = Moderate, sometimes bothersome
7-9 = Loud, often annoying
10 = Very loud, no one able to sleep in room

Sleep Apnea History

• Has anyone noticed that you stop breathing for periods during sleep?  Yes  No

• Do you have difficulty waking up in the morning?  Yes  No

• Do you have difficulty staying awake in the daytime?  Yes  No

• Do you have difficulty staying awake while driving?  Yes  No

• Please rate on a 0 to 3 scale (see scale below) how likely you are to fall asleep in the following 8 situations (circle most appropriate number for each):

1) Sitting and relaxing  0 1 2 3  
2) Watching TV  0 1 2 3
3) Sitting inactive in a public place (meeting or theater)  0 1 2 3
4) As a passenger in a car for an hour without a break  0 1 2 3
5) Lying down to rest in the afternoon  0 1 2 3
6) Sitting and talking to someone  0 1 2 3
7) Sitting quietly after lunch without alcohol  0 1 2 3
8) In a car, while stopped for a few minutes in traffic  0 1 2 3

Chance of falling asleep

0 = none
1 = slight chance
2 = moderate chance
3 = high chance

Thank You!