

SLEEP SCREENING QUESTIONNAIRE

EPWORTH SLEEPINESS SCALE

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations?

Use the following scale to choose the most appropriate number for each situation:

- 0 = Would never doze** **1 = Slight chance of dozing**
2 = Moderate chance of dozing **3 = High chance of dozing**

SITUATION

- Sitting and reading _____
Watching television _____
Sitting inactive in a public place (i.e. theater) _____
As a car passenger for an hour without a break _____
Lying down to rest in the afternoon _____
Sitting and talking to someone _____
Sitting quietly after lunch without alcohol _____
In a car, while stopping for a few minutes in traffic _____

TOTAL SCORE _____

A score of 8 or greater indicates the possibility of sleep disordered breathing.

THORNTON SNORING SCALE

Snoring has a significant effect on the quality of life for many people. Snoring can affect the person snoring and those around him/her, both physically and emotionally. Use the following scale to choose the most appropriate number for each situation. (Go to the 4th statement if you have no bed partner.)

- 0 = Never** **1 = Infrequently (1 night per week)**
2 = Frequently (2-3 nights per week) **3 = Most of the time (4 or more nights per week)**

- My snoring affects my relationship with my partner _____
My snoring requires us to sleep in separate rooms _____
My snoring is loud _____
My snoring affects people when I am sleeping _____
away from home (i.e. hotel, camping, etc.) _____

TOTAL SCORE _____

A score of 5 or greater indicates your snoring may be significantly affecting your quality of life.

PATIENT NAME _____ **DATE:** _____