



Department of Otolaryngology – Head & Neck Surgery
Virginia Commonwealth University



• Name: _____ • Date: _____

• Height: _____ • Shirt collar size: _____

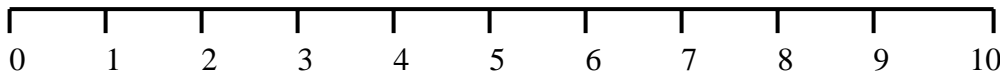
• Weight: _____

• 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*)?



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

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!