## L. Richard Shearer, M.D., Inc. Sleep and Snoring Questionnaire

Name:			Date:			
	Pl	ease circle the correct a	nswer.			
1. Do you snore?	Yes No Don	't Know				
If "Yes,"	please continue with o	questions 2-4. If "No" o	or "Don't Know," skip	to question 5.		
2. Does your snorin	g bother other people	? Yes No				
3. Snoring loudness	: Very loud Loud	ler than talking Loud	as talking Loud	as breathing		
4. Snoring frequence	ey:					
Almost every day	3-4 times/week	1-2 times/week	1-2 times/month	Never/Almost Never		
5. Have you ever be	een told that you stop l	oreathing during sleep?	Yes No			
If so, how of	ten?					
Almost every day	3-4 times/week	1-2 times/week	1-2 times/month	Never/Almost Never		
6. Do you wake up	tired after a night's sle	eep?				
Almost every day	Almost every day 3-4 times/week 1-2 times/week		1-2 times/month	Never/Almost Never		
7. Do you feel exce	ssively tired during th	e day?				
Almost every day	every day 3-4 times/week 1-2 times/wee		1-2 times/month	Never/Almost Never		
8. Have you ever fa	llen asleep while drivi	ing?				
Almost every day	3-4 times/week	1-2 times/week	1-2 times/month	Never/Almost Never		
9. Do you have high	h blood pressure?	Yes No	Don't Know			
10. Has your weigh	t changed? Incre	eased Decreased	No change			
Weight:	lbs					
Height:	inches					

## For Office Use Only

1–5	6-8	ESS	BP	BMI	N.O.S.E.

## L. Richard Shearer, M.D., Inc. Epworth Sleepiness Scale

Patient Name: _	Date:			
	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
	<del></del>		

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 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 a lunch without alcohol	0	1	2	3
In a car while stopped for a few minutes in traffic		1	2	3
Total Score	:			