

# SLEEP QUESTIONNAIRE



## Category 1

1. Complete the following:  
Height \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Male or Female
2. Do you snore?  
 Yes  
 No  
 Don't Know
3. Your Snoring is...  
 Slightly louder than breathing  
 As loud as talking  
 Louder than talking  
 Very Loud (can be heard in adjacent rooms)
4. How often do you snore?  
 Almost every day  
 3-4 times a week  
 1-2 times a week  
 Never or Almost never
5. Does your snoring bother other people?  
 Yes  
 No
6. Has anyone noticed that you quit breathing during your sleep?  
 Almost every day  
 3-4 time a week  
 1-2 times a week  
 Never or almost never

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address (Street, City, State, Zip):  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Category 1 Score \_\_\_\_\_  
(Count 1 point for each shaded area)

## Category 2

7. Are you tired after sleeping or fatigues in the morning?  
 Almost every day  
 3-4 time a week  
 1-2 times a week  
 Never or almost never
8. Are you tired during wake time?  
 Almost every day  
 3-4 time a week  
 1-2 times a week  
 Never or almost never
9. Have you ever nodded off or fallen asleep while driving?  
 Yes  
 No  
If yes, how often does it occur?  
 Every day  
 3-4 times a week  
 1-2 times a week  
 1-2 times a month

Category 2 Score \_\_\_\_\_  
(Count 1 point for each shaded area)

## Category 3

10. Do you have high blood pressure?  
 Yes  
 No  
 Don't Know
11. BMI Score (see chart below) \_\_\_\_\_

Category 3 Score \_\_\_\_\_  
(Count 1 point for each shaded area)

**Scoring Questions:** Answers within the shaded boxes are positive responses. Count 1 point for each shaded area marked.

**Scoring Categories:**

1. If you marked a shaded area on 2 or more questions in Category 1 (questions 1-6), then this category is positive.
2. If you marked a shaded area on 2 or more questions in Category 2 (questions 7-9), then this category is positive.
3. If you marked a shaded “yes” to question #10 and/or have a BMI of 30 or more in Category 3, then this category is positive.

**Final Test Results:** If you have 2 or more positive categories this indicates a high likelihood of a sleep disorder. If positive, please contact our office as soon as possible to schedule a sleep study.

**EPWORTH SLEEPINESS SCALE**

This is another test that is widely accepted as able to assist in recognizing sleep disorders. Answer the questions below by considering how likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired.

(Scoring: 0 = No chance of dozing    1 = Slight chance of dozing    2 = Moderate chance of dozing    3 = High chance of dozing)

SITUATION	FREQUENCY
Sitting and reading	0 1 2 3
Watching television	0 1 2 3
Sitting inactive in a public place	0 1 2 3
As a passenger in a car for an hour without a break	0 1 2 3
Lying down to rest in the afternoon when possible	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	0 1 2 3
<b>TOTAL</b>	_____

**If you scored 9 or higher, you should speak to your physician today.**

**BMI Chart**

BMI	Normal				Overweight				Obese								
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
<b>Height</b>	<b>Body Weight (pounds)</b>																
4ft 10in	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4ft 11in	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5ft	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5ft 1in	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5ft 2in	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5ft 3in	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5ft 4in	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5ft 5in	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5ft 6in	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5ft 7in	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5ft 8in	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5ft 9in	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5ft 10in	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5ft 11in	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6ft	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6ft 1in	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6ft 2in	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6ft 3in	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
6ft 4in	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report