

# 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 |

| Height   | Body Weight (pounds) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|----------|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 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