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Questionnaire for Snoring

Name: _____ Age: _____ Sex: _____ Date: _____

The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. 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 TV
Sitting, inactive in public place (e.g. theater or meeting)
As a passenger in a car for an hour without break
Lying down to rest in afternoon when circumstance permit
Sitting and talking to someone
Sitting quietly after lunch without alcohol
In car, while stopped for a few minutes in traffic
TOTAL SCORE

Chance of dozing

Behavior During Sleep

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

0 = never during a usual night
1 = less than once a week
2 = once to about half the nights per week

3 = half the nights to almost always
4 = almost always or every night
? = don't know or haven't been told

During your usual sleep, you have noticed or have been told you do the following:

1. Snore loudly
2. Stop breathing
3. Choke, struggle for breathe
4. Toss and turn frequently
5. Wake up with headache

Usual number of hours of sleep per night

Number of times you rise to use the toilet

Height (ft, inches)	Present Body Weight (lbs)	Weight Gained in last 12 months (lbs)	Neck Size (inches)

What other doctors have you seen about your snoring, and what did they advise or do? _____

