BEACH CITIES ENTS
EAR NOSE THROAT SURGEONS

SLEEP APNEA QUESTIONNAIRE

Please circle your answer below:

Do you snore? Yes No
Are you unable to stay awake in the daytime? Yes No
Do you wake up in the middle of the night unable to breathe or gasping for air? Yes No
Do you have sudden episodes of loss of muscle control, esp. during emotional situations? Yes No
Do your legs jerk at night or feel restless? Yes No
Do you ever feel unable to move when falling asleep or waking up? Yes No
Have you gained a lot of weight in a short time? Yes No
Do you have problems falling asleep? Yes No
Do you have a hard time staying asleep? Yes No
Has someone seen or heard you stop breathing while asleep? Yes No
Do you wake up with a dry mouth? Yes No
Do you wake up with a stuffy nose? Yes No
Do you wake up with a headache during the night or in the morning? Yes No
Do you wake up with heartburn? Yes No
Do you wake up with chest pain? Yes No
Do you wake up with choking and gasping? Yes No
Have you had a weight gain and found it difficult to lose? Yes No
Do you have trouble staying asleep once you fall asleep? Yes No

Using the guide of: 0=Never 1= Slight chance 2= Moderate chance 3= Always

How likely are you to doze off or fall asleep during the day while…

Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive, in a public place (such as a theatre or meeting)	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	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car while stopped for a few minutes in traffic	0	1	2	3

Epworth Sleepiness Scale = ***Total =*** _____

If you answer YES for many of these questions or your Epworth Sleepiness Scale > 15 and you would like to feel better, Schedule an appointment

by clicking the link on the top right corner of the web page