

SNORING QUESTIONNAIRE

If you snore, you are very familiar with the impact lack of sleep has on your quality of life. Snoring not only disrupts sleep, it may also be a sign of a serious condition called Obstructive Sleep Apnea (OSA). To find out if you should be concerned about your snoring, choose a number from the scale below that best describes your snoring in each situation.

0 = Never

1 = Infrequently (1 night per week)

2 = Frequently (2-3 nights per week)

3 = Most of the time (4 or more nights per week)

SITUATION

YOUR SCORE

My snoring affects my relationship with my partner

My snoring causes my partner to be irritable or tired

My snoring requires us to sleep in separate rooms

My snoring is loud

My snoring affects other people when I am sleeping away from home (hotel, camping, etc.)

TOTAL SCORE _____

If you scored a 5 or greater, please show these results to your physician.

Your physician can discuss available treatment options.

*Adapted from the Thornton Snoring Scale

Address Label