

Snoring Questionnaire

Height (m) ____ Weight (kg) ____ Age ____ Gender ____

Please choose the correct answer to each question.

1. Do you snore?

- a) Yes
- b) No
- c) Don't know

2. How long have you been a snorer?

- a) One year
- b) Two years
- c) Three years
- d) More than five years

3. Do you snore loudly?

- a) Slightly louder
- b) As loud as talking
- c) Louder than talking
- d) Don't know

4. Does your snoring wake you up from sleep?

- a) Yes
- b) Somewhat
- c) No
- d) Don't know

5. How often do you wake up due to snoring?

- a) Every day
- b) 3-4 times a week
- c) 1-2 times a week
- d) Once a week

6. Do you snore intermittently or incessantly?

- a) Sporadically
- b) Non-stop
- c) Don't know

7. How often do you snore?

- a) Every day
- b) 3-4 days a week
- c) 1-2 days a week
- d) Once a week

8. Has your partner noticed you stop breathing any time?

- A) Yes
- b) No

9. Do you feel exhausted during the day?

- A) Yes
- b) No

10. Do you experience headaches in the morning?

- A) Yes
- b) No

11. Do you experience disturbed sleep?

- A) Yes
- b) No

12. Do you wake up gasping for air?

- A) Yes
- b) No

13. Do you fall asleep while driving or at work?

- A) Yes
- b) No

14. Do you experience nasal obstruction (trouble in breathing through your nose)?

- A) Yes
- b) No