



**SLEEP SCREENING QUESTIONNAIRE
EPWORTH SLEEPINESS SCALE**

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations?

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 television _____
- Sitting inactive in a public place (i.e. theater) _____
- As a car passenger for an hour without a break _____
- Lying down to rest in the afternoon _____
- Sitting and talking to someone _____
- Sitting quietly after lunch without alcohol _____
- In a car, while stopping for a few minutes in traffic _____

TOTAL SCORE _____

A score of 8 or greater indicates the possibility of sleep disordered breathing.

THORNTON SNORING SCALE

Snoring has a significant effect on the quality of life for many people. Snoring can affect the person snoring and those around him/her, both physically and emotionally. Use the following scale to choose the most appropriate number for each situation. (Go to the 4th statement if you have no bed partner.)

- 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)**

- 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 people when I am sleeping away from home (i.e. hotel, camping, etc.) _____

TOTAL SCORE ___

A score of 5 or greater indicates your snoring may be significantly affecting your quality of life.

PATIENT NAME _____ **DATE:** _____