

Ear
Nose
& Throat
Associates
of Manatee, P.A.



Date: _____
Patient: _____
Date of birth: _____

Snore Questionnaire

Please fill out and mark each statement that describes you.

- | | |
|---|--|
| <input type="checkbox"/> I've been told I snore. | <input type="checkbox"/> I have had my tonsils out. |
| <input type="checkbox"/> I wake up feeling tired and not rested. | <input type="checkbox"/> I have headaches in the morning. |
| <input type="checkbox"/> I snore loudly. | <input type="checkbox"/> I feel sleepy during the daytime. |
| <input type="checkbox"/> I suddenly wake up unable to breath. | <input type="checkbox"/> I am a restless sleeper. |
| <input type="checkbox"/> I have had a sleep study. | <input type="checkbox"/> I wake up choking. |
| <input type="checkbox"/> I have frequent or chronic nasal blockage. | <input type="checkbox"/> I have gained weight. |

I have fallen asleep at: Work School Church Driving

Did you know that nearly 100 million Americans (4 out of 10) do you do not regularly get a good nights sleep and are functioning with impaired daytime alertness. The average high school student today gets seven hours of sleep a night, but need 10 hours. Among persons 65 and older, as many as 60% have fragmented sleep, from sleep apnea and other disorders. Specific sleep disorders and symptoms occur with growing frequency. About 100 million Americans experience sleep-wake disorders because of shift work, jet lag, and similar disruptions of the biological clock: 70 million have insomnia: 20 million have sleep apnea: and about 25,000 have narcolepsy, rough the same incidence as multiple sclerosis.

<u>For Office Use Only</u>			
Height _____	Pulse _____	FTP	I II III IV
Weight _____	BP _____ \ _____	Tonsil	I II III IV
BMI _____	Neck Size _____	SDB Stages	I II III IV