



TRI COUNTY EAR, NOSE & THROAT, P.C.

SLEEP APNEA QUESTIONNAIRE

Patient's Name: _____ Date: _____

____ Please initial then skip this page if you do not have throat problems.

Please circle, check or complete the most applicable answer:

On a scale of 0 to 5, where 0 =no problem, 1 =mild problem, 2= mild to moderate problem, 3= moderate problem, 4=moderate to severe problem, and 5= severe problem, please rate the presence/severity of the following symptom as they apply to you in the present.

(Circle only one number which best corresponds to your condition. If a certain item is not relevant to your particular case, write 'N/A' next to it)

Difficulty falling asleep	0	1	2	3	4	5
Dizzy spells or problems with balance	0	1	2	3	4	5
Difficulty staying asleep	0	1	2	3	4	5
Tendency to tire quickly (physically weak/easily fatigued)	0	1	2	3	4	5
Difficulty waking up (feeling tired/unrested in the morning)	0	1	2	3	4	5
Difficulty staying awake during the day	0	1	2	3	4	5
Difficulty concentrating	0	1	2	3	4	5
Difficulty remembering things	0	1	2	3	4	5
Difficulty staying on task or following through with projects	0	1	2	3	4	5
Narcolepsy (falling asleep involuntarily during active hours)	0	1	2	3	4	5
Difficulty in overall daily functioning	0	1	2	3	4	5
Difficulty in moderate physical activity	0	1	2	3	4	5
Difficulty in motor coordination/control	0	1	2	3	4	5
Frustration, irritability, impatience and "moodiness"	0	1	2	3	4	5
Tendency to become apathetic, withdrawn uninvolved	0	1	2	3	4	5
Tendency to feel depressed "down" or "sad"	0	1	2	3	4	5
Tendency to feel unattractive, undesirable, rejected	0	1	2	3	4	5
Tendency to respond emotionally, "snap" at people argue	0	1	2	3	4	5
or over-react to what they say or do	0	1	2	3	4	5
Tendency to cry easily or laugh about little (trivial) things	0	1	2	3	4	5
Difficulty breathing (shortness of breath) during the day	0	1	2	3	4	5
Tendency to feel anxious, restless, nervous, worried	0	1	2	3	4	5

Difficulty breathing (shortness of breath) at night	0	1	2	3	4	5
Sensation of tightness/fullness in the throat	0	1	2	3	4	5
Difficulty breathing through your nose when asleep	0	1	2	3	4	5
Sensation of tightness in the chest	0	1	2	3	4	5
Difficulty swallowing	0	1	2	3	4	5
Suddenly awakening with heart pounding	0	1	2	3	4	5
Sensation of pressure or pain in the sternum (middle chest)	0	1	2	3	4	5
Tremor (shakiness) in your hands or other body parts	0	1	2	3	4	5
Numbness/weakness of arms/legs/other body parts	0	1	2	3	4	5
Sensation of choking/gasping for air during sleep	0	1	2	3	4	5

You have reached the end of the questionnaire. Thank you for your participation.