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## 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: \_\_\_\_\_

*A score of 5 or greater indicates symptoms which are affecting the safety or quality of your life.*

Your physician can discuss available treatment options

*\* Adapted from the Thornton Snoring Scale*