



Sharon M. Tomaski, M.D.

Otolaryngologist • Head & Neck Surgeon • Board Certified & Fellowship Trained

Arapahoe Medical Plaza

7720 S. Broadway, Suite #480 • Littleton, CO 80122 • Phone 303.347.0800 • Fax 303.347.1140

SLEEP BEHAVIOR QUESTIONNAIRE

Name _____

Date _____

Age _____ Height _____ ft. _____ in. Weight (lbs.) _____

Please choose the correct response to each question.

1. Do you snore?

Yes

No

Don't know

If you snore:

2. Your snoring is:

Slightly louder than breathing

As loud as talking

Louder than talking

Very loud – can be heard in adjacent rooms

3. How often do you snore?

Nearly every day

3-4 times a week

1-2 times a week

1-2 times a month

Never or nearly never

4. Has your snoring ever bothered other people?

Yes

No

Don't know

5. Has anyone noticed that you quit breathing during your sleep?

Nearly every day

3-4 times a week

1-2 times a week

1-2 times a month

Never or nearly never

6. How often do you feel tired or fatigued after your sleep?

Nearly every day

3-4 times a week

1-2 times a week

1-2 times a month

Never or nearly never

7. During your waking time, do you feel tired, fatigued or not up to par?

Nearly every day

3-4 times a week

1-2 times a week

1-2 times a month

Never or nearly never

8. Have you ever nodded off or fallen asleep while driving a vehicle?

Yes

No

If yes:

9. How often does this occur?

Nearly every day

3-4 times a week

1-2 times a week

1-2 times a month

Never or nearly never

10. Do you have high blood pressure?

Yes

No

Don't Know

INTERNAL USE ONLY _____

"Healing with Heart, Head and Hands"