

Name:

Address:

Height:

Weight:

DOB:

Male/Female:

CATEGORY 1

1. Has your weight changed?

- Increased
- Decreased
- No change

2. Do you snore?

- Yes
- No
- Don't know

If you snore:

3. Your snoring is...

- Slightly louder than breathing
- As loud as talking
- Louder than talking
- Very loud

4. How often do you snore?

- Almost every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or almost never

5. Does your snoring bother other people?

- Yes
- No

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

- Almost every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or almost never

CATEGORY 2

7. Are you tired after sleeping?

- Almost every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or almost never

8. Are you tired during wake time?

- Almost every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or almost never

9. Have you ever nodded off or fallen asleep while driving?

- Yes
- No
- Don't know

If yes, how often does it occur?

- Every day
- 3-4 times a week
- 1-2 times a week
- 1-2 times a month
- Never or almost never

CATEGORY 3

10. Do you have high blood pressure?

- Yes
- No
- Don't know