

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	0 1 2 3
My snoring causes my partner to be irritable or tired	0 1 2 3
My snoring requires us to sleep in separate rooms	0 1 2 3
My snoring is loud	0 1 2 3
My snoring affects other people when I am sleeping away from home (hotel, camping, etc.)	0 1 2 3

TOTAL SCORE _____

*If you scored a 5 or greater, please show these results to your physician.
Your physician can discuss available treatment options.*

*Adapted from the Thornton Snoring Scale