



The Ear Institute of Texas, P.A.

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SLEEP QUESTIONNAIRE

Snoring severity (please circle): Quiet Loud Very Loud

Prior sleep study: Yes No Date: ____/____/____ Location (if known): _____

Have you tried CPAP/APAP/BiPAP: Yes No **Mask types tried:** _____

Are you still using CPAP/APAP/BiPAP: Yes No

If yes, how many hours per night? _____

If no, why not (please circle)?

Mask fit Tubing Skin breakdown/sores No perceived improvement

Inconvenient Nasal congestion Claustrophobia Other: _____

Have you tried an oral or dental appliance? Yes No

Have you tried any different positions to treat sleep apnea? Yes No

Have you tried mouth tape or chin strap to treat sleep apnea? Yes No

Have you tried nasal strips or nasal dilators to help treat snoring/sleep apnea? Yes No

Prior nasal/throat/neck/face surgery (including cosmetic): Yes No If yes, type: _____

Other implants (pacemaker, other neurostimulator, breast): _____

SLEEP HABITS REVIEW

What hours do you go to bed and wake up? _____ How long does it take you to fall asleep? _____

How often do you wake up at night? _____ Why do you wake up at night? _____

Does nasal congestion prevent you from falling asleep or wake you up at night (i.e. are you a mouth-breather at night)? _____

Do you use any sleep aids to help you fall asleep like ambient, trazadone, Lunesta, etc ?? _____

Amount of caffeine/energy drinks used daily _____

Do you have any other known sleep disorders? _____

Epworth Sleepiness Scale: How likely are you to fall asleep in the following situations?

0=would never doze 1= slight chance of dozing 2= moderate chance 3= high chance

Sitting and reading: _____ Watching TV: _____ Sitting inactive in public place (theater, meeting: _____

As a passenger in a car for an hour without a break: _____

Lying down to rest in the afternoon when circumstances permit: _____ Sitting and talking to someone : _____

Sitting quietly a er a lunch without alcohol: _____ In a car, while stopped for a few minutes in traffic: _____