SUFFOLK SURGICAL GROUP, P.C.

250 YAPHANK ROAD, SUITE 17, EAST PATCHOGUE, NY 11772
PHONE: 631-475-1013 FAX: 631-475-5602

RICHARD B. RUBENSTEIN, M.D., F.A.C.S. PAAYAL P. MEHTA, M.D., F.A.C.S.

SNORING – FATIGUE QUESTIONNAIRE

HOW WELL DO YOU SLEEP?

* Are you a loud and persistent snorer? Yes____ No____

* Do you wake up tired and un-rested? Yes____ No____

* Do you sometimes find it hard to stay awake during the day? Yes____ No____

* Has your sleep mate ever said that you hold your breath or gasp for air while sleeping? Yes____ No____

If you answered yes to any of the above then you may be at risk for sleep apnea. Please complete the next section which is based on the Epworth Sleepiness Scale which is standard gauge for determining if a sleep study is an appropriate step for your medical well being.

EPWORTH SLEEPINESS SCALE

Please answer the following on a scale of 0 to 3 with the thought in mind of your chances of dozing in each instance. **(0 = Never, 1 = Slight, 2 = Moderate, 3 = High)**

SITUATIONS	CHANCE OF DOZING
Watching TV	_____
Sitting and Reading	_____
Lying down in afternoon	_____
Sitting, talking to someone	_____
In car, while stopped for a few minutes	_____
Sitting quietly after lunch without alcohol	_____
Passenger in a car for an hour without a break	_____
Sitting inactive in a public place (movie, meeting, etc.)	_____
TOTAL SCORE	

Patient Name: _____