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Snoring/Fatigue Questionnaire for Bariatric Patients

PATIENT NAME: _____ DATE: _____

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 questions, you may be at risk for sleep apnea. Sleep apnea is a potentially serious medical condition where you have pauses in breathing or shallow breathing while you sleep. If you answered yes to any of the above questions, or if you described any other difficulty sleeping, please complete the section below, based on the Epworth Sleep Scale. This will help us determine if you should have a sleep study.

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

SITUATION	CHANCES 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 (i.e.: movie, meeting)	
TOTAL SCORE	