

SNORING HISTORY

How old are you? _____

At what age did you begin snoring? _____ At what age did your snoring become a problem? _____

How much did you weigh 5 years ago? _____ 10 years ago? _____ As a teenager? _____

How tall are you? _____ feet _____ inches

What is your neck size (circumference)? _____ inches

Who complains about your snoring? _____

How do people describe your snoring? _____

Have you been told that you stop breathing while you sleep? _____

Are you a "restless" sleeper? _____

What time do you usually go to bed? _____

What time do you usually fall asleep? _____

What time do you usually wake up? _____ Average number of hours of sleep per night: _____

Do you wake up feeling refreshed? _____

Do you have headaches in the morning? _____

How is snoring affecting your quality of life? _____

How many nights per week do you sleep apart from your partner for all or part of the night because of your snoring? _____

How long have you slept apart because of your snoring? _____

Does anyone in your family have sleep apnea? _____