Snoring Patient Questionnaire

This problem (snoring) started Do you snore every night? Obyou snore every night? Obyou feel rested in the mornings? Plow you feel rested in the mornings? Rate the effect of your problem on your PERSONAL LIFE Rate the effect of your problem on your PERSONAL LIFE Rate the effect of your problem on JOB PERFORMANCE Rate the loudness of your snoring? No effect What is the loudness of your snoring? No effect What is the loudness of your snoring? No effect What is the loudness of your snoring? No effect Whild Moderate Severe What is the loudness of your snoring? No effect Whild Moderate Severe What is the loudness of your snoring? No effect Whild Moderate Severe What is the loudness of your snoring? No effect Mild Moderate Severe What is the loudness of your snoring? No effect Mild Moderate Severe What is the loudness of your snoring? No effect Mild Moderate Severe What is the loudness of your snoring? No effect Mild Moderate Severe What is the loudness of your snoring? No effect Mild Moderate Severe Mild Moderate Severe Mild Moderate Severe Mild Moderate Severe What is the loudness of your snoring? Yes No If yes, No If yes, No If yes, No If yes, where? Have you ever been diagnosed with SLEEP APNEA? If yes, where? (Clinic/Institution name) Provider's name who treated you Was a sleep study performed? Yes No If yes, where? Have you been TREATED for sleep apnea? Yes No If yes, where? Have you been TREATED for sleep apnea? Yes No If yes, where? Have you been TREATED for sleep apnea? Yes No If yes, where? Have you been TREATED for sleep apnea? Yes No If yes, where? Have you been TREATED for sleep apnea? Yes No If yes, where? Have you been TREATED for sleep apnea? Yes No If yes, where? Have you been TREATED for sleep apnea? Yes No If yes, where? Have you been TREATED for sleep apnea? Yes No If yes, where? Have you been TREATED for sleep apnea? Yes No If yes, where? Have you been TREATED for sleep apnea? Yes No If yes, where? Have you been TREATED for sleep apnea? Yes No If yes, where	Name: Last			First			MI	
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