



9. Do any factors make snoring worse (specify): .....  
e.g. cold, hayfever, alcohol.

10. Do you have any of the following: (Please tick)
- Morning sore throat.
  - Morning headache.
  - Very vivid dreams when going off to sleep.
  - Nocturia (going to the loo frequently during the night)
  - Episodes of feeling weak suddenly in the daytime.
  - A feeling of being paralysed when waking up.
  - Restless legs during evening.

**NASAL SYMPTOMS:**

11. Do you have any blockage? - Yes or No - Right side / Left side or both  
Is your catarrh - heavy / moderate or minimal? clear or coloured?  
Do you have any sinus pain? - Yes or No

**THROAT SYMPTOMS:**

12. Do you have:
- Sore throat
  - Difficulty swallowing
  - Voice change
  - Dyspepsia or Heartburn

**CHEST SYMPTOMS:**

13. Do you have:
- Cough
  - Wheeze
  - Shortness of breath

14. List here any other current medical problems including Cardiac problems. e.g. High blood pressure, Angina etc.)  
.....

15. Family history of sleep problems:  
.....

16. List past medical problems/operations:  
.....

17. List medication including Sleeping tablets, Cardiac Treatment, Lung or Nasal Sprays.  
.....

Do you - smoke (if yes indicate how many per day) .....per day

Alcohol.....units per week (1 unit = 1 glass of wine a short or half a pint.)

Normal Sleeping pattern: Time to bed ..... Time to rise .....

Average number of hours asleep ..... Quality of sleep .....

## Epworth sleepiness scale

How likely are you to doze off or fall asleep in the situations described in the box below, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:-

- 0 = would never doze
- 1 = Slight chance of dozing
- 2 = Moderate chance of dozing
- 3 = High chance of dozing

Situation	Chance of dozing
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theatre or a 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 after a lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
<b>TOTAL</b>	

Thank you for your co-operation

