



Name: _____

D.O.B: _____

Please circle the number which best applies.

1. Do you snore?

- Yes 1
- No 0
- Don't Know 1

2. Your snoring is ?

- I don't snore 0
- Slightly louder than breathing 1
- As loud as talking 2
- Louder than talking 3
- Very loud, heard in adjacent Rooms 4

3. How often do you snore?

- Nearly every day 2
- 3-4 times a week 2
- 1-2 times a week 1
- 1-2 times a month 1
- Never or nearly never 0

4. Has anyone noticed that you quit

- Breathing during your sleep?**
- Yes 4
 - No 0

5. How often do you feel tired or fatigued

- After you sleep?**
- Nearly every day 3
 - 3-4 times a week 3
 - 1-2 times a week 2
 - 1-2 times a week 1
 - Never or nearly never 0

6. During your wake time, do you feel tired, fatigued

Or not up to par?

- Nearly every day 3
- 3-4 times a week 2
- 1-2 times a week 2

7. Have you ever nodded off or fallen asleep while driving a vehicle?

- Yes 4
- No 0

8. If yes, how often does it occur?

- Nearly every day 5
- 3-4 times a week 4
- 1-2 times a week 4
- 1-2 times a month 4
- Never or nearly never 0

9. Do you have high blood pressure?

- Yes 2
- No 0

10. Do you have unusual leg movement at night?

- Yes 4
- No 0
- Don't know 2

11. Do you have unusual crawling or tingling

sensation in your legs that prevents you from falling asleep?

- Yes 4
- No 0

Scoring: A score of 5 or higher indicates the possibility of a sleep disorder and your physician may order a sleep study.

VNG/VERTIGO Questionnaire

- | | | |
|--|----|-----|
| 1. Do you sometimes feel light headed and dizzy? | No | Yes |
| 2. Have you experienced Vertigo (room spinning)? | No | Yes |
| 3. Do your legs sometimes feel weak and unstable? | No | Yes |
| 4. Do sometimes worry that you might fall? | No | Yes |
| 5. Have you fallen down recently due to dizziness or imbalance? | No | Yes |
| 6. Do you currently take more than two (2) prescription medications? | No | Yes |

Scoring: A score of 4 or higher indicates the possibility of vertigo unbalancing and your physician may order a VNG test.