

Number:	Surname:
Date of birth:	Sex: male <input type="radio"/> female <input type="radio"/>
Contact phone for follow-up:	City of residence:

Questionnaire:

Patient snores in any position.	YES	NO
Snoring is interrupted for brief periods followed by wheezing.	YES	NO
Patient has difficulty breathing when sleeping.	YES	NO
Patient sometimes awakens short of breath.	YES	NO
Patient has nasal obstruction.	YES	NO
Patient breathes through the mouth.	YES	NO
Patient has had tonsils operated on (tonsillitis).	YES	NO
Patient feels sleepy when driving?	YES	NO

Previous Treatments:

Surgical	YES	NO	What:
Other	YES	NO	What:



Prior to treatment

Snores:

very much					little						not at all
10	9	8	7	6	5	4	3	2	1	0	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Wakes up with dry mouth:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wakes up with a sore throat:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Awakens how often at night by snoring:

very often					occasionally					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feels lack of sleep when awakening:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has difficulty waking in the morning:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feels sleepy, tired and fatigue during the day:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Falls asleep during the day at unwanted times:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Follow-up #1 (___) days

Snores:

very much					little					not at all
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wakes up with dry mouth:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wakes up with a sore throat:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Awakens how often at night by snoring:

very often					occasionally					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feels lack of sleep when awakening:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has difficulty waking in the morning:

always					sometimes					never
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Feels sleepy, tired and fatigue during the day:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Falls asleep during the day at unwanted times:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Follow-up #2 (___) days

Snores:

very much					little						not at all
10	9	8	7	6	5	4	3	2	1	0	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Wakes up with dry mouth:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wakes up with a sore throat:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Awakens how often at night by snoring:

very often					occasionally					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feels lack of sleep when awakening:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has difficulty waking in the morning:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feels sleepy, tired and fatigue during the day:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Falls asleep during the day at unwanted times:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Follow-up #3 (___) days

Snores:

very much					little					not at all
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wakes up with dry mouth:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wakes up with a sore throat:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Awakens how often at night by snoring:

very often					occasionally					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feels lack of sleep when awakening:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has difficulty waking in the morning:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feels sleepy, tired and fatigue during the day:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Falls asleep during the day at unwanted times:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Follow-up #4 (___) days

Snores:

very much					little					not at all
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wakes up with dry mouth:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wakes up with a sore throat:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Awakens how often at night by snoring:

very often					occasionally					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feels lack of sleep when awakening:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has difficulty waking in the morning:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feels sleepy, tired and fatigue during the day:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Falls asleep during the day at unwanted times:

always					sometimes					never
10	9	8	7	6	5	4	3	2	1	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>