NTENT
NORTH TEXAS EAR, NOSE & THROAT ASSOCIATES

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DALLAS ENT GROUP

Sleep Disordered Breathing Report

Last Name:_____ First Name:_____ Date:_____

Age:_____ Sex:_____ Height:_____Weight:_____ Neck Size:_____

Chief Complaint

Snoring:_____ Sleepiness/Fatigue:_____ Other:_____

Snoring

1. Do you snore no matter what position you are lying in? Yes No Do Not Know
2. Do you snore every night: Yes No Do Not Know
3. Is your snoring interrupted by pauses and/or choking sounds? Yes No Do Not Know
4. Has your sleep mate ever commented on your snoring? Yes No Do Not Know
5. Do you "grind" your teeth at night? Yes No Do Not Know
6. Do you have high blood pressure? Yes No Do Not Know
7. On a scale of 1-10 with 10 being loudest, how loud is your snoring? _____
8. Other comments:_____
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_____
_____

Sleepiness/Fatigue

2. How would you describe yourself? (Check all that apply)

   Fatigued:_____ Sleepy:_____ Tired:_____
   Other:_____

3. What tasks or activities have you eliminated or find difficulty in completing?

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4. What is your energy level on a scale of 1-10?

No energy 1 2 3 4 5 6 7 8 9 10 Very high energy

5. Other comments:_____ _

Sleep

2. Average time you go to sleep?_____
3. Average time you wake up?_____
4. Is it difficult to fall asleep if you awake during the night to go back to sleep? Yes No
5. How often do you awake during the night (bathroom, clock, noises, etc…)?_____
6. What is the quality of your sleep? Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent
7. Other comments:_____

Other Symptoms (check all that apply)

Allergies _____ Impotence _____ Sore throat _____

Depression _____ Recent weight gain _____ Teeth grinding _____

Headache _____ Reflux _____

History

1. Have you ever been treated for your snoring or sleep disorder? Yes No Do Not Know
2. If yes, by whom?_____

Address and Phone number (if known):

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3. If yes, what was the date of the evaluation?_____ _____
4. If yes, what was the diagnosis (if known)?_____
5. Describe any treatment that you may have received and the success and/or failure you experienced.
