



Sleep apnoea symptoms questionnaire

This questionnaire is for patients attending the Sleep Clinic with suspected sleep apnoea. Please answer the following questions and bring this sheet with you to your next appointment.

Name: _____

Date: _____

DoB: _____

MRN: _____

NHS number: _____

| | |
|---------------|-------------|
| Height (cm): | B/P (mmHg): |
| Weight (kg): | HR (bpm) |
| BMI: | ESS: |
| Neck (inches) | |

1. Do you drink alcohol? Yes ☐ No ☐

If 'Yes', how often? Daily ☐ Weekly ☐ Monthly ☐ Less than once a month ☐

Please include how many of the following drinks you drink per week:

☐ 1 pint of beer = 2.3 units (based on 4% of ABV) _____

☐ 1 glass of 25ml measured spirit = 1 unit (based on 40% ABV) _____

☐ 1 medium (175ml) glass of wine = 2.3 units _____

Total units per week: _____

2. Do you smoke? Yes ☐ No ☐ Occasionally ☐ Ex-smoker ☐ Vape ☐

3. Have you noticed any weight gain in the past 5-10 years? Yes ☐ No ☐

If 'Yes', please provide a rough estimate of how much you have gained in kg: _____

4. Do you have a history of snoring? Never ☐ Rarely ☐ Sometimes ☐ Often ☐

Unsure / don't know ☐

5. Have you or someone else noticed episodes of stopping breathing or choking at night? Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Unsure / don't know ☐

6. Do you struggle to fall asleep or get back to sleep after waking?

Never ☐ Rarely ☐ Sometimes ☐ Often ☐

7. How many hours of sleep do you get on average per night? _____ hours.

8. Do you wake up feeling refreshed? Yes ☐ No ☐

9. Do you drive? Yes ☐ No ☐

10. Are you currently employed? Yes ☐ No ☐

If 'Yes', what is your occupation? _____

11. Do you work night shifts? Yes ☐ No ☐ N/A ☐

12. Is driving vital for work? Yes ☐ No ☐ N/A ☐

13. Have there been any episodes of nearly falling asleep at work or whilst driving?

Never ☐ Rarely ☐ Sometimes ☐ Often ☐ N/A ☐

14. Does driving involve public service vehicles or HGVs? Yes ☐ No ☐ N/A ☐

Please attach / list any medications you are currently taking. If you cannot remember what they are called, please list what they are for, and bring a list to your next appointment.

Contact numbers

Reading Sleep Clinic, Tel 0118 322 7954 Email: rbb-tr.cat11@nhs.net

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| Please ask if you need this information in another language or format. |
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