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SLEEP SURGERY POSTOPERATIVE FORM

Weight ___________________ Weight prior to surgery? ___________________

Do you snore? ________ How often? ____________ (days/week)

How loudly (scale 0-10)? _________ How long have you been a snorer? ___________

How has your snoring changed since surgery? ____________________________________

Weekday bedtime and wake up time: ________________ Weekend: _______________

How long does it take you to fall asleep at night? ______________________________

How many times do you wake up at night? _____ How long to fall back asleep? _____

Feel refreshed when you wake up in the morning? _______________________________

Does fatigue limit your daily activities? No Mild Moderate Severe

How have your sleep quality and fatigue changed since surgery? ___________________

EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep (in contrast to feeling tired) in the following situations? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Choose 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 television	____________________
Sitting inactive in a public place (for example, a movie theater or 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 lunch without alcohol	____________________
In a car, while stopped for a few minutes in traffic	____________________

FUNCTIONAL OUTCOMES OF SLEEP QUESTIONNAIRE

Some people have difficulty performing everyday activities when they feel tired or sleepy. The purpose of this questionnaire is to find out if you generally have difficulty carrying out certain activities because you are too sleepy or tired. In this questionnaire, when the words "sleepy" or "tired" are used, it means the feeling that you can't keep your eyes open, your head is droopy, that you want to "nod off", or that you feel the urge to take a nap. These words do not refer to the tired or fatigued feeling you may have after you have exercised.

DIRECTIONS: Please put an X in the box for your answer to each question. Select only **one** answer for each question. Please try to be as accurate as possible. All information will be kept confidential.

	(0) I don't do this activity for other reasons	(4) No difficulty	(3) Yes, a little difficulty	(2) Yes, moderate difficulty	(1) Yes, extreme difficulty
1. Do you have difficulty concentrating on the things you do because you are sleepy or tired?		❒	❒	❒	❒
2. Do you generally have difficulty remembering things because you are sleepy or tired?		❒	❒	❒	❒
3. Do you have difficulty finishing a meal because you become sleepy or tired?		❒	❒	❒	❒
4. Do you have difficulty working on a hobby (for example, sewing, collecting, gardening) because you are sleepy or tired?	❒	❒	❒	❒	❒
5. Do you have difficulty doing work around the house (for example, cleaning house, doing laundry, taking out the trash, repair work) because you are sleepy or tired?	❒	❒	❒	❒	❒
6. Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy or tired?	❒	❒	❒	❒	❒
7. Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy or tired?	❒	❒	❒	❒	❒
8. Do you have difficulty getting things done because you are too sleepy or tired to drive or take public transportation?	❒	❒	❒	❒	❒
9. Do you have difficulty taking care of financial affairs and doing paperwork (for example, writing checks, paying bills, keeping financial records, filling out tax forms) because you are sleepy or tired?	❒	❒	❒	❒	❒

	(0) I don't do this activity for other reasons	(4) No difficulty	(3) Yes, a little difficulty	(2) Yes, moderate difficulty	(1) Yes, extreme difficulty
10. Do you have difficulty performing employed or volunteer work because you are sleepy or tired?	❒	❒	❒	❒	❒
11. Do you have difficulty maintaining a telephone conversation, because you become sleepy or tired?	❒	❒	❒	❒	❒
12. Do you have difficulty visiting with your family or friends in <u>your</u> home because you become sleepy or tired?	❒	❒	❒	❒	❒
13. Do you have difficulty visiting with your family or friends in <u>their</u> home because you become sleepy or tired?	❒	❒	❒	❒	❒
14. Do you have difficulty doing things for your family or friends because you are too sleepy or tired?	❒	❒	❒	❒	❒

	(4) No	(3) Yes, a little	(2) Yes, moderately	(1) Yes, extremely
15. Has your relationship with family, friends, or work colleagues been affected because you are sleepy or tired?	❒	❒	❒	❒

In what way has your relationship been affected? ____

	(0) I don't do this activity for other reasons	(4) No difficulty	(3) Yes, a little difficulty	(2) Yes, moderate difficulty	(1) Yes, extreme difficulty
16. Do you have difficulty exercising or participating in a sporting activity because you are too sleepy or tired?	❒	❒	❒	❒	❒
17. Do you have difficulty watching a movie or video because you become sleepy or tired?	❒	❒	❒	❒	❒
18. Do you have difficulty enjoying the theater or a lecture because you become sleepy or tired?	❒	❒	❒	❒	❒
19. Do you have difficulty enjoying a concert because you become sleepy or tired?	❒	❒	❒	❒	❒
20. Do you have difficulty watching TV because you are sleepy or tired?	❒	❒	❒	❒	❒

	(0) I don't do this activity for other reasons	(4) No difficulty	(3) Yes, a little difficulty	(2) Yes, moderate difficulty	(1) Yes, extreme difficulty
21. Do you have difficulty participating in religious services, meetings or a group or club, because you are sleepy or tired?	❒	❒	❒	❒	❒
22. Do you have difficulty being as active as you want to be in the evening because you are sleepy or tired?		❒	❒	❒	❒
23. Do you have difficulty being as active as you want to be in the morning because you are sleepy or tired?		❒	❒	❒	❒
24. Do you have difficulty being as active as you want to be in the afternoon because you are sleepy or tired?		❒	❒	❒	❒
25. Do you have difficulty keeping pace with others your own age because you are sleepy or tired?		❒	❒	❒	❒

	(1) Very Low	(2) Low	(3) Medium	(4) High
26. How would you rate your general level of activity?	❒	❒	❒	❒

	(0) I don't do this for other reasons	(4) No difficulty	(3) Yes, a little difficulty	(2) Yes, moderate difficulty	(1) Yes, extreme difficulty
27. Has your intimate or sexual relationship been affected because you are sleepy or tired?	❒	❒	❒	❒	❒
28. Has your desire for intimacy or sex been affected because you are sleepy or tired?	❒	❒	❒	❒	❒
29. Has your ability to become sexually aroused been affected because you are sleepy or tired?	❒	❒	❒	❒	❒
30. Has your ability to "come" (have an orgasm) been affected because you are sleepy or tired?	❒	❒	❒	❒	❒

Thank you for completing this questionnaire.