

Sleep Observer Scale

The following questions relate to the behavior that you have observed in the patient is while he/she is asleep. Use the following scale to choose the most appropriate number for each situation.

0=Never

1=Infrequently (1 night per week)

2=Frequently (2-3 nights per week)

3=Most of the time (4 or more nights per week)

- Loud, irritating snoring _____
- Choking or gasping for air _____
- Pauses in breathing _____
- Twitching / kicking of arms or legs _____
- Snoring requiring separate bedrooms _____
- Falling asleep inappropriately (example: while driving or at meetings)_____

Total score _____

A score of 5 or greater indicates symptoms which are affecting the health, safety, or quality of life of the observed person.