

SNORE COPYRIGHT NOTICE

Washington University grants permission to use and reproduce the *Symptoms of Nocturnal Obstruction & Related Events (SNORE)* exactly as it appears in the PDF available here without modification or editing of any kind solely for end user use in investigating rhinosinusitis in clinical care or research (the "Purpose"). For the avoidance of doubt, the Purpose does not include the (i) sale, distribution or transfer of the *Symptoms of Nocturnal Obstruction & Related Events (SNORE)* or copies thereof for any consideration or commercial value; (ii) the creation of any derivative works, including translations; and/or (iii) use of the *Symptoms of Nocturnal Obstruction & Related Events (SNORE)* as a marketing tool for the sale of any drug. All copies of the *SNORE* shall include the following notice: "All rights reserved. Copyright 1996. Washington University in St. Louis, Missouri." Please contact Jay F. Piccirillo (314-362-8641) for use of the *Symptoms of Nocturnal Obstruction & Related Events (SNORE)* for any other intended purpose.

"All rights reserved. Copyright 1996. Washington University in St. Louis, Missouri."

SYMPTOMS OF NOCTURNAL OBSTRUCTION AND RELATED EVENTS (SNORE)

Below you will find a list of symptoms and social/emotional consequences of your illness. We would like to know more about these problems and would appreciate your answering the following questions to the best of your ability. There are no right or wrong answers, and only you can provide us with this information. Please rate your problems as they have been over the past two weeks. Thank you for your participation. Do not hesitate to ask for assistance if necessary.

1. Considering how severe the problem is when you experience it and how frequently it happens, please rate each item below on how "bad" it is by circling the number that corresponds with how you feel using this scale: →

	No problem	Very mild problem	Mild or slight problem	Moderate Problem	Severe Problem	Problem as bad as it can be	5 Most Important Items
1. Waking during sleep; inability to get a good nights's sleep	0	1	2	3	4	5	○
2. Loud/excessive snoring	0	1	2	3	4	5	○
3. Restless during sleeping	0	1	2	3	4	5	○
4. Wake up feeling tired	0	1	2	3	4	5	○
5. Fatigue, tiredness (for example: fall asleep while reading a book)	0	1	2	3	4	5	○
6. Frequent yawning	0	1	2	3	4	5	○
7. Sleepiness while driving	0	1	2	3	4	5	○
8. Memory and/or concentration problems	0	1	2	3	4	5	○
9. Limits productivity at certain times of day (for example: in evening after work)	0	1	2	3	4	5	○
10. Limits participation in community, volunteer, religious, or spiritual activities	0	1	2	3	4	5	○
11. Amount of medical care required for sleep disorder (for example: frequent visits to doctors, need to wear positive pressure facemask, cleaning of tracheotomy tube, etc)	0	1	2	3	4	5	○
12. Interaction of obstructive sleep disorder with other medical problems	0	1	2	3	4	5	○
13. Fear of medical problem limits travel by automobile to other regions or parts of country	0	1	2	3	4	5	○

2. Please mark the most important items affecting your health (maximum of 5 items) _____ ↑

1. Considering how severe the problem is when you experience it and how frequently it happens, please rate each item below on how "bad" it is by circling the number that corresponds with how you feel using this scale: →

	No problem	Very mild problem	Mild or slight problem	Moderate Problem	Severe Problem	Problem as bad as it can be	5 Most Important Items
sexual relations			2				
15. Financial burden as a result of illness (for example: costs of medicines, doctor's visits, laboratory tests, etc.)	0	1	2	3	4	5	<input type="radio"/>
16. Nerves are "right on surface;" "short-tempered"	0	1	2	3	4	5	<input type="radio"/>
17. Inability to relax; always anxious	0	1	2	3	4	5	<input type="radio"/>
18. Marital strain, stress, and tension	0	1	2	3	4	5	<input type="radio"/>
19. "Foul" mood	0	1	2	3	4	5	<input type="radio"/>
20. Unable to experience closeness with spouse and/or others	0	1	2	3	4	5	<input type="radio"/>
21. Lack of desire for sexual relations	0	1	2	3	4	5	<input type="radio"/>
22. Feeling that future is hopeless	0	1	2	3	4	5	<input type="radio"/>
23. Competence questioned	0	1	2	3	4	5	<input type="radio"/>
24. Reliability questioned	0	1	2	3	4	5	<input type="radio"/>
25. Modification in your job due to illness (for example: someone else driving the car for you, inability to participate in meetings because of excessive sleepiness)	0	1	2	3	4	5	<input type="radio"/>

2. Please mark the most important items affecting your health (maximum of 5 items) _____ ↑