



# SNORING SEVERITY SCALE

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<b>HOW OFTEN DO YOU SNORE?</b>		
<b>3</b>	Every night	
<b>2</b>	Most (>50%) of nights	
<b>1</b>	Some (<50%) of nights	
<b>0</b>	Very rarely or not at all	

<b>HOW LONG DO YOU SNORE?</b>		
<b>3</b>	All night	
<b>2</b>	Most (>50%) of the night	
<b>1</b>	Some (<50%) of the night	
<b>0</b>	Hardly or not at all	

<b>HOW AUDIBLE IS YOUR SNORING (WITH THE DOOR SHUT)?</b>		
<b>3</b>	Can be heard down the hall	
<b>2</b>	Can be heard in the next room	
<b>1</b>	Can be heard in the same room	
<b>0</b>	Barely audible	