ISAQ QUESTIONNAIRE SCORING CHART

Talk to Chemmart PHARMACY

Q1	Do you or your partner notice that you snore? If YES, do you snore …… If YES, how often do you snore	YES ☐ NO ☐ loudly ☐ **2** moderately ☐ **2** softly ☐ **0** every night ☐ **2** most nights **2** ☐ some nights ☐ **0**
Q2	Do you or your partner notice that you sometimes stop breathing during sleep?	YES ☐ **3** NO ☐ **0**
Q3	Do you wake with a dry or sore throat?	YES ☐ **1** NO ☐
Q4	Do you suffer chronic nasal congestion? How often: How long:	YES ☐ NO ☐ Always ☐ **1** often ☐ **1** sometimes ☐ **0** Less than 3 months ☐ **0** 3 to 12 months ☐ **1** more than 12 ☐ **1**
Q5	Do you wake with a headache or 'dull'/'foggy' head? How often:	YES ☐ NO ☐ most mornings ☐ **1** only sometimes ☐ **0**
Q6	Do you have sufficient 'energy' to perform your daily tasks? How often:	YES ☐ NO ☐ most days ☐ **1** only sometimes ☐ **0**
Q7	How is your memory?	excellent ☐ **0** good ☐ **0** fair ☐ **1** poor ☐ **1**
Q8	Do you get up to go to the bathroom during the night? How often:	YES ☐ NO ☐ once ☐ **0** 2 to 3 times ☐ **1** more than 3 times ☐ **1**
Q9	Are you sleepy during the day? How sleepy?	YES ☐ NO ☐ very ☐ **2** moderately ☐ **2** a little ☐ **1**
Q10	Do you have high blood pressure Are you taking medication for it?	YES ☐ **2** NO ☐ **0** YES ☐ NO ☐
Q11	Do you have diabetes?	YES ☐ **1** NO ☐ **0**
Q12	Have you ever had a stroke or mini-stroke (TIA If YES, when?	YES ☐ **1** NO ☐ **0**
Q13	Do you have angina? If YES, are you taking medication for it?	YES ☐ **1** NO ☐ **0** YES ☐ NO ☐
Q14	Have you ever had a heart attack? If YES, are you taking medication for it?	YES ☐ **1** NO ☐ **0** YES ☐ NO ☐
Q15	Have you ever had heart surgery? If YES, describe type	YES ☐ **1** NO ☐ **0** _____
Q.16	Do you suffer heartburn or gastric reflux at night?	YES ☐ **1** NO ☐ **0**

Office use only. Height……cms. Weight……kgs. Neck circumference …….cms.