



MR TIM PRICE

EAR NOSE AND THROAT SURGEON

BSc, MBChB, MRCS, DLO; FRCS (ORL-HNS) and FRACS

SLEEP OBSERVER SCALE (THORNTON)

Patient's Name: _____

Observer's Name: _____

Relationship to Patient: _____ **Date:** _____

The following questions relate to the behaviour that you have observed in this patient 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 nights or more per week)

1. Loud, obstructive or irritating snoring

2. Choking or gasping for air

3. Pauses in breathing

4. Twitching/kicking of arms or legs

5. Snoring requiring separate bedrooms

6. Falling asleep inappropriately (e.g. while driving or in 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.