## THORNTON SNORING SCALE

Using the following scale, choose the most appropriate number in each situation.

0 = Never

1 = Infrequently (1 night a week or less)

2 = Frequently (2-3 nights per week)

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

My snoring affects my relationship with my family	0	1	2	3
My snoring requires me to sleep separate from others	0	1	2	3
My snoring is loud	0	1	2	3
My snoring causes my family members to be irritable or tired	0	1	2	3
My snoring affects people when I am away from home	0	1	2	3

**Total Points**