SOMNOROUTE

SomnoRoute 7-Night Snore Profile

Multi-night snoring screening

SomnoRoute Snore Score

What your week shows

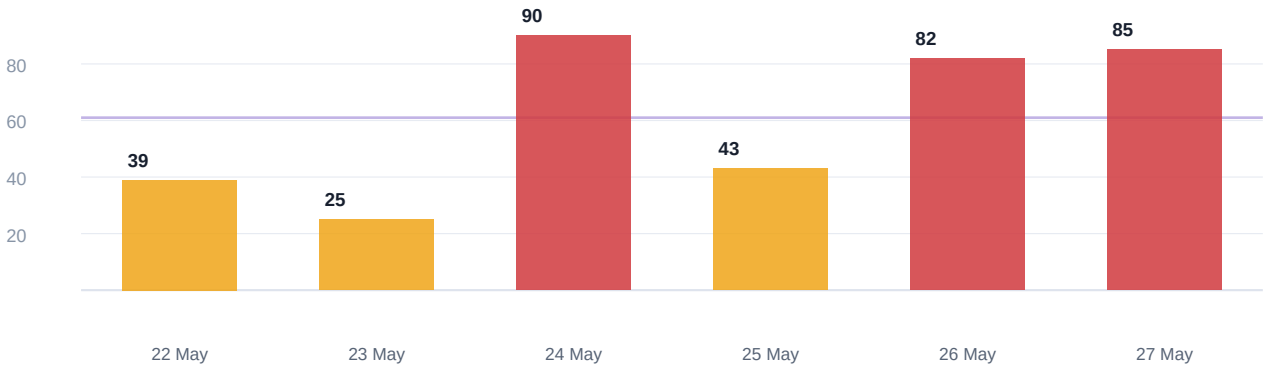
Repeated higher-burden nights

This brings together 6 of 7 nights for REDACTED so you can see whether snoring was a one-off or a repeated

Avg score	Snores/hr
61	41.3
Avg peak	**Highest**
76 dB	Severe

Pattern	Lowest night	Highest night	Snores
Worth reviewing	23 May (25)	24 May (90)	1640
Repeated higher-burden nights	Best recorded night	Night to review	Recorded across profile

Night-by-night score



Lower scores mean less recorded snoring burden. Look at the whole week, not one night on its own.

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Night-by-night pattern

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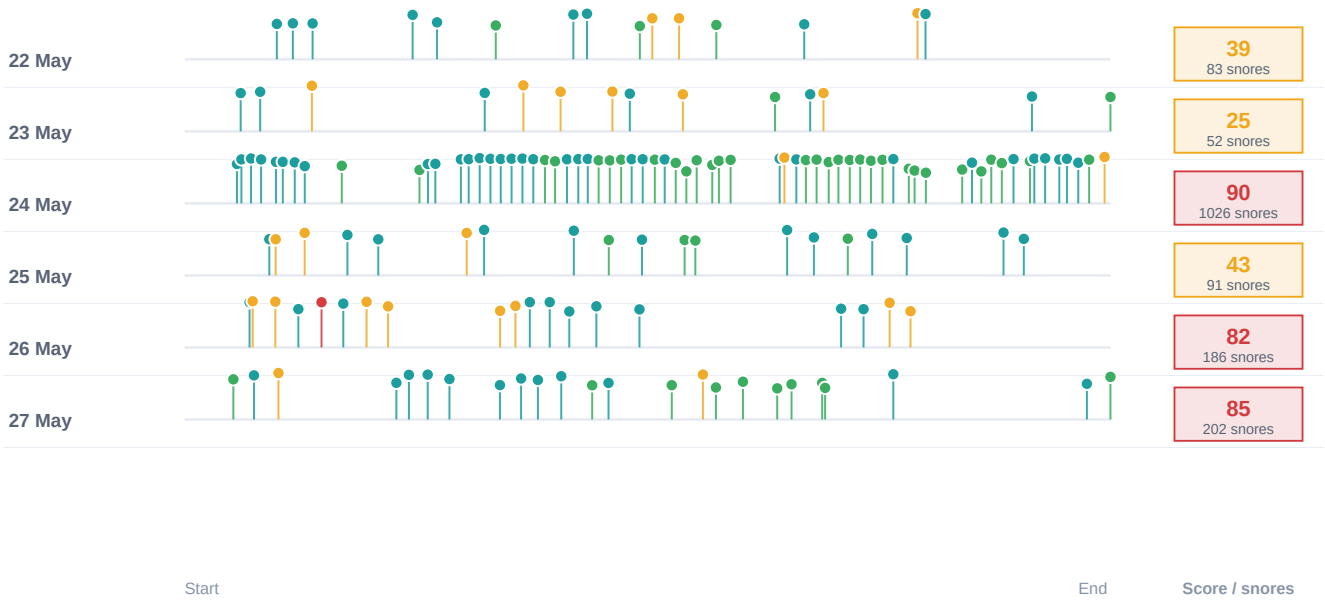
7-night pattern table

Date	Length	Score	Snores/hr	Peak	Clusters	Quality
22 May	6h 35m	39	12.6	79 dB	5	high
23 May	6h 28m	25	8.0	80 dB	3	high
24 May	6h 34m	90	156.3	64 dB	115	high
25 May	6h 3m	43	15.1	80 dB	3	high
26 May	6h 29m	82	28.7	74 dB	16	high
27 May	7h 22m	85	27.4	80 dB	19	high

Seven-night burden map

Each row shows one night. Lollipops are spread across the sleep period where snore activity was detected; the score badge at the right uses the same normal, moderate and severe bands as the portal.



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Summary and next steps

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What this means in plain English

Your average score was 61/100, which is a severe snoring burden. Across the 7-night study, 3 nights were in the severe range and 3 nights were moderate. This does not diagnose sleep apnoea, but it is enough snoring burden to take seriously and discuss if symptoms are present.

SomnoRoute screening interpretation

This interim seven-night profile uses 6 of the intended 7 nights. It gives[REDACTED] an early view of the pattern and will be replaced automatically when night 7 is available.

Recommended next steps

Treat this as an early preview only. The final seven-night profile should be reviewed after the remaining night is completed.

Clinical notice

This report is for screening and information only. It is not a medical diagnosis. Further clinical evaluation may be required where indicated, including assessment for obstructive sleep apnoea or related sleep-disordered breathing.

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Your next review

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Sleep hygiene and snoring factors

Sleep hygiene cannot diagnose or treat sleep apnoea, but it may help reduce avoidable snoring triggers. Useful areas to review include caffeine or coffee late in the day, alcohol close to bedtime, late heavy meals, nasal blockage, irregular sleep times, sleep deprivation, sedating medication, and whether snoring is worse when sleeping on the back.

Things worth checking

- Sleep position
- Alcohol
- Nasal blockage
- Tiredness
- Bedtime routine
- Medication
- Weight change
- Bed-partner observations

If you want a formal sleep study

If there are witnessed pauses in breathing, choking or gasping, marked daytime sleepiness, morning headaches, high blood pressure, or ongoing concern from a bed partner, a formal sleep study may be appropriate. Where available, SomnoRoute can signpost you to an associated clinic or The Virtual Sleep Clinic in your country.

What continued tracking can add

A longer SomnoRoute pattern can help compare good and bad nights, spot changes over time, and prepare better questions for a clinician. Future paired recordings and position data may also help separate bed-partner noise and understand whether snoring changes on the back or side.