**Aim:** In this study, the relationship is investigated between cigarette smoking and sleep quality, and sleep disorders.

**Material and methods:** Voluntary patients and their relatives, admitted to our outpatient clinics of Medical School of SDU, answered the questionnaire consisted of questions about Pittsburgh Sleep Quality Index, Berlin Sleep Apnea Test (BSAT), Fagerstrom Tolerance Test. The demographic properties, smoking status and also alcohol, tea and coffee usage and the additional diseases were recorded.

**Results:** The volunteers who answered the questionnaire were 98 persons (52M/46W) with mean age $33.03\pm1.17$ and with mean BMI $23.93 \pm 0.42 \text{ kg/m}^2$. The mean ages of men and women are statistically significant ($p<0.005$), but not BMI ($p>0.05$). The neck circumferences of cigarette smoking persons and ex-smokers are higher than never smokers ($p=0.046$). The mean PSQI score greater than 5 was found in 26 smokers and in 21 never smokers ($p<0.000$). The BSAT indicated that 10 of current smokers and 5 of never smokers had a higher risk on obstructive sleep apnea ($p<0.001$). Eight of current smokers had habitual snoring and 4 of current smokers had apnea. Cigarette smoking is dependent to alcohol and tea-coffee usage (respectively, $p=0.02$, $p=0.011$). In stepwise regression analysis, the nicotine dependence status (FTT score) was associated with the mean PSQI score $\geq 5$ and with high risk status of BSAT (respectively, $p=0.015$, $p=0.043$).

**Conclusion:** Cigarette smoking affects the quality of sleep adversely and increases the risk of sleep apnea. Also, during smoking cessation, relieving these disturbances should make quitting easier and prevent relapses.

**Keywords:** cigarette smoking, sleep quality, sleep disorders, apnea, questionnaire