

Sleep Screening Questionnaire

Please answer the questions below to help us assess the possibility of a sleep disorder which may be related to your dental and overall health. There is often a correlation between grinding of the teeth, TMJ disorders, breakdown of the teeth and sleep disorders. Sleep apnea may also increase your risk for many different health conditions including heart attack and stroke. If you are here with your child (under 16), please fill out the lower portion marked "For children only" for your child.

Name:	Height:		Weight:
Epworth Sleepiness Scale			
How likely are you to doze off or fall asleep in the following sit 0 = I would never doze 1 = I have a slight chance of dozing		nance of dozing	
Situation		Chance of	Dozing
Sitting and reading			•
Watching TV Sitting inactive in a public place (e.g. c	a theater or a meeting)		
As a passenger in a car for an hour wi	thout a break		
Lying down to rest in the afternoon w Sitting and talking to someone	nen circumstances permit		
Sitting quietly after lunch without alco	phol		
In a car while stopped for a few minut	tes in traffic		
	Total Sc	ore	
Have you ever been diagnosed with:		Yes	No
Impaired Cognition (i.e. difficulty conc			
Mood Disorders/Depression			
InsomniaHypertension (high blood pressure)			
Ischemic Heart Disease (Coronary Arte			
History of Stroke			
Sleep Apnea		🗆	
If yes: Did you try to use CPAP?			
TMJ problems significant enough to require treatment			
Do you suffer from any of the following cond		Yes	No
Snoring on a regular basis			
Feeling tired or fatigued on a regular			
Clenching or grinding your teeth (brux			
Having frequent headaches			
Your neck size being > 17 inches (male Anyone in your family having sleep ap			
Stopping breathing when sleeping/av			
For children age 16 and under (filled out by p	parent or guardian)		
Does your child suffer from any of the follow		<u>Y</u> es	<u>N</u> o
Snoring/noisy breathing while sleeping			
Grinding his or her teeth Wetting the bed			
Having difficulty in school/learning			
Being treated for ADD or ADHD		🗆	
Breathing primarily through their mou			
Having frequent nightmares/night ter Having frequent ear aches			
DENTIST'S EXAM FINDINGS AND SIGNATURE:			
□ Evidence of Bruxism □ Scalloping of the tongue □ Occlusal Wear □ Macroglossia □ Resti	☐ Crowded airway ricted Arch ☐ Retro	☐ Tori or Bone L gnathia / Class II	oss 🗆 Anterior we
Dentist Signature		Date	
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