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:	
Epwort	h Sleepiness Scale				
-	ely are you to doze off or fall asleep in the fo	ollowing situations, in contra	est to just fe	eling tired?	
	0 = I would never doze	2 = I have a moderate			
	1 = I have a slight chance of dozing	3 = I have a high chan			
Situatio	on .	Ch	ance of Do	zing	
1.	Sitting and reading				
2.	Watching TV				
3.	Sitting inactive in a public place (e.g. a the	ater or a meeting)			
4.	As a passenger in a car for an hour without a break				
5.	Lying down to rest in the afternoon when	circumstances permit			
6.	Sitting and talking to someone				
7.	Sitting quietly after lunch without alcohol				
8.	In a car while stopped for a few minutes in	traffic			
		Total Score			
Have v	ou ever been diagnosed with:		Yes	No	
1.	Impaired Cognition (i.e. difficulty concentr	ating or thinking)			
2.	Mood Disorders/Depression	ating of timiking,			
3.	Insomnia		_		
4.	Hypertension (high blood pressure)				
5.	Ischemic Heart Disease (Coronary Artery D	isease/Atherosclerosis)			
6.	History of Stroke	iscuse, Actier osciet osis,			
7.	Sleep Apnea				
	If yes: Did you try to use CPAP				
8.	TMJ problems significant enough to requir	e treatment			
9.	Gastric Reflux (GERD) or Heartburn	o il datilione			
Are voi	aware of (or have you been told):		Yes	No	
1.					
2.					
3.					
4.					
5.					
6.					
7.		ning with a gasp			
For chil	dren only (filled out by parent or guardian)				
	aware of your child:		Yes	No	
1.	Snoring/noisy breathing while sleeping				
2.	Grinding his or her teeth				
3.	Wetting the bed				
4.	Having difficulty in school/learning				
5.	Being treated for ADD or ADHD				
6.	Breathing primarily through their mouth				
7.	Having frequent nightmares/night terrors				
8.	Having frequent ear aches				
Dental Exam Findings:				☐ Crowded airway	
	Tori or Bone Loss	☐ Anterior wear		LI Ketrogr	nathia / Class II