

Name: _____ Date: _____

Dental sleep medicine is an area of practice that focuses on the management of sleep related breathing disorders including obstructive sleep apnea. Most people with sleep apnea are not aware that they have the condition. As dentists, we are part of the medical team and are here to help screen our patients for sleep related breathing disorders.

Screening for Obstructive Sleep Apnea

Please answer the following questions below to determine if you may be at risk.

S Do you SNORE	Yes	No	Total Yes = _____ 0 - 2 = Low Risk 3 - 4 = Moderate Risk 5 - 8 = High Risk
T Do you often feel TIRED , fatigued or sleeping during the day time?	Yes	No	
O Has anyone ever OBSERVED you stop breathing during your sleep?	Yes	No	
P Do you have or are you being treated for high blood PRESSURE ?	Yes	No	
B Is your BODY MASS INDEX more than 35?	Yes	No	
A AGE , are you over 50?	Yes	No	
N Is your NECK size greater than 16" round?	Yes	No	
G GENDER , are you male?	Yes	No	

Symptoms

Morning headaches	Yes	No	Mouth breathing	Yes	No	Total Yes = _____ 0 - 2 = Low Risk 3 - 4 = Moderate Risk 5 - 8 = High Risk
Morning hoarseness	Yes	No	Weight gain	Yes	No	
Difficulty concentrating	Yes	No	Snoring	Yes	No	
Moodiness	Yes	No	Frequent waking at night, restlessness	Yes	No	
Feeling un-refreshed in the morning	Yes	No	Frequent urination at night	Yes	No	
Night time grinding or clenching	Yes	No	Night sweating	Yes	No	
Jaw clicking or pain	Yes	No	Need caffeine during the day to function	Yes	No	
Night time congestion	Yes	No	Hyperactivity	Yes	No	
Chronic cough and / or throat irritation	Yes	No	Family history of sleep apnea	Yes	No	

Medical Co-Factors

High blood pressure	Yes	No	ADD / ADHD	Yes	No	Total Yes = _____ 0 - 2 = Low Risk 3 - 4 = Moderate Risk 5 - 8 = High Risk
Controlled with meds	Yes	No	Diabetes	Yes	No	
Not medicated	Yes	No	Smoking	Yes	No	
Meds taken with little effect	Yes	No	Asthma	Yes	No	
Congestive heart failure	Yes	No	GERD (gastric reflux)	Yes	No	
Coronary heart disease	Yes	No	Insomnia	Yes	No	
Atrial Fibrillation	Yes	No	Depression	Yes	No	
Chronic fatigue syndrome	Yes	No	Allergies	Yes	No	