

SLEEP SURVEY

Sleep disorders have recently been noted to be a major cause of a variety of dental and medical problems. These problems include bruxism, clenching, tooth erosion, headaches, fatigue, TMJ problems, hypertension, heart disease, strokes, diabetes and gastric reflux. Sleep disorders have become an epidemic in our society due to allergies and weight gain. Research has shown that 50% of men and women suffer from sleep disorders in a typical practice.

Because our practice is committed to your total health care, we have added sleep disorder dentistry to our practice. Please fill out the following sleep disorder questionnaire so that we may completely evaluate your health.

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Age:** _____ **Male** **Female**

Height – Feet: _____ **Inches:** _____ **Weight:** _____ **BMI:** _____

Have you been diagnosed or treated for any of the following conditions? (circle yes or no)

High Blood Pressure	Yes	No	Depression	Yes	No
Heart Disease	Yes	No	Gastric Reflux	Yes	No
Diabetes	Yes	No	Sleep Apnea	Yes	No
Stroke	Yes	No	Use a C-Pap	Yes	No

Epworth Sleepiness Scale: How likely are you to doze off or fall asleep in the following situation, in contrast to just feeling tired. This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they have affected you. Use the following scale to check the most appropriate number for each situation.

0 = Never Doze 1 = minimal chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing

Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive, in a public place (theatre, meeting, etc)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
				Total Points _____

1. On average, in the past month, how often have you snored or been told that you snore?

Never Rarely (< 1/week) Sometimes (1-2/week) Frequently (3-4/week) Almost Always (5-7/week)

2. Do you wake up choking or gasping?

Never Rarely (< 1/week) Sometimes (1-2/week) Frequently (3-4/week) Almost Always (5-7/week)

3. Have you been told that you stop breathing in your sleep or wake up choking or gasping?

Never Rarely (< 1/week) Sometimes (1-2/week) Frequently (3-4/week) Almost Always (5-7/week)