DENTAL SLEEP QUESTIONNAIRE

Patient Name _____ Date of Birth _____

CURRENT THERAPIES

Have you attempted CPAP therapy? ☐YES NO☐

- If yes, are you able to use it at least 5 nights a week (4 or more hours per night)? ☐YES NO☐

Have you undergone any surgical attempts to correct your sleep apnea? ☐YES NO☐

Have you tried any of the following conservative methods of improving your sleep breathing? (Please check)

- ☐ Weight loss
- ☐ Positional therapy: Avoiding sleeping on your back during sleep (the supine position)
- ☐ Abstaining from the use of alcohol and/or sedatives before bedtime

SLEEP OBSERVATIONS (Also refer to physical evaluation form)

Do you snore loudly? ☐YES NO☐

Do you often feel tired or fatigued after sleep? ☐YES NO☐

Has anyone noticed that you stop breathing during sleep? ☐YES NO☐

Do you take medication for high blood pressure? ☐YES NO☐

EPWORTH SLEEP SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just 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 would have affected you. Use the following scale to choose the most appropriate number for each situation. (Please circle the number to answer.)

	Would never doze	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
Sitting and reading	0 ☐	1 ☐	2 ☐	3 ☐
Watching TV	0 ☐	1 ☐	2 ☐	3 ☐
Sitting inactive in a public place (e.g., a theater or a meeting)	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 ☐
TOTALS	___	___	___	___

I. Citation for CPAP compliance as 5 nights a week for 4 or more hours each night (4 or more hours a night for 70% of nights): Local Coverage Article for FAQs – Positive Airway Pressure Devices (A48132). www.cms.gov.

II. J Clin Sleep Med 2011;7(5):467-472

III. Johns MW. A new method for measuring daytime sleepiness: Epworth sleepiness scale. Sleep 1991;14:540-5

Access online Form at www.somnomed.com/toolkit

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