



Adult Sleep Medicine Screening

Patient 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. Please complete the following screening questionnaire:

Screening for Obstructive Sleep Apnea

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

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

Symptoms

Morning headaches	Yes	No	Mouth breathing	Yes	No
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

Total Yes = ____
 0-2 = Low risk
 3-4 = Moderate risk
 5-8 = High risk

Medical Co-Factors

High blood pressure	Yes	No	ADD/ADHD	Yes	No
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

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 5-8 = High risk