Sleep Evaluation Questionnaire

HIGH PEAKS DENTAL
www.HighPeaksDental.com

Patient: _____ **DOB: _____/_____/_____**

Today's date: _____/_____/_____ **BMI: _____**

Have you been told you have sleep apnea? Yes ☐ No ☐

Have you been told to wear a CPAP or any other device for breathing at night? Yes ☐ No ☐

If yes, do you wear it every night for the entire night? Yes ☐ No ☐

Do you take medication, supplements, or over-the-counter substances as sleep aids or headache relief? Yes ☐ No ☐

Do you feel rested in the morning? Yes ☐ No ☐

Please check if you have any of the following:

- ❑ Heart Disease
- ❑ Headaches
- ❑ Acid Reflux
- ❑ Insomnia
- ❑ Depression
- ❑ Stroke
- ❑ Diabetes
- ❑ Urination at night (nocturia)
- ❑ Tooth grinding

STOP BANG SCORE:

Do you SNORE?	Yes ◯	No ◯
Do you feel TIRED? If so, WHY? _____	Yes ◯	No ◯
Has anyone OBSERVED you stop breathing during sleep?	Yes ◯	No ◯
Do you have or are you being treated for high blood PRESSURE?	Yes ◯	No ◯
Is your BMI > 30? Weight _____ Height _____	Yes ◯	No ◯
AGE: Are you > 50 years old?	Yes ◯	No ◯
Is your NECK circumference > 16"?	Yes ◯	No ◯
GENDER: Are you male?	Yes ◯	No ◯
Total Yes Responses: _____		
3-4 = Moderate Risk for OSA, 5-8 = High Risk for OSA		

EPWORTH SLEEPINESS SCALE:

Please indicate your chance of dozing off in the following situations using the following:

0- Would never doze
1- Slight chance of dozing
2- Moderate chance of dozing
3- High chance of dozing

Sitting and Reading _____
Watching TV _____
Sitting, inactive in public _____
As a passenger in a car for an hour _____
Laying down to rest in afternoon (when able) _____
Sitting and talking with someone _____
Sitting quietly after lunch (w/o alcohol) _____
In a car, stopped for a few minutes in traffic _____

Total: _____

0-6 Normal, 7-14 Mild Sleepiness, 15-17 Moderate Sleepiness, 18+ Severe Sleepiness

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For Office Use Only: Additional Doctor/ Clinical Notes

_____
_____
_____
_____
_____
_____

If patient meets criteria, refer to:

- ❑ Dr. Caldon
  - o consult
  - o clinical exam and CBCT
  - o follow up at next visit
- ❑ Dr. Kabeli / Dr. Bunn (circle one)
- ❑ Dr. Walker
- ❑ Dr. Catalano

Symptoms:

Tongue:
- ❑ Enlarged
- ❑ Scalloped
- ❑ Fissured
- ❑ Tied Grade: 1 2 3 4

Teeth:
- ❑ Spacing
- ❑ Crowded max / mand
- ❑ Abfracted
- ❑ Worn
- ❑ End to End / Crossbite
- ❑ Open bite Posterior/ Anterior
- ❑ Deep bite

Pharynx::
- ❑ Enlarged tonsils / adenoids
- ❑ Uvula - Enlarged / Elongated
- ❑ Narrow pharyngeal walls
- ❑ Long sloping palate

Bone:
- ❑ Tori / Exostoses - max / mand
- ❑ Narrow arches - max / mand
- ❑ Exaggerated gonial angles
- ❑ High palatal vault