

#### Sonterra Dental 255 E Sonterra Blvd #150, San Antonio, TX 78258 (210) 341-3222 sonterradentalcare.com/

# SLEEP SCREENING QUESTIONNAIRE | DOB:

### **Basic Information**

| Please  | answer   | the   | questions    | below t   | to help  | us   | assess   | the   | possibility | of of  | a sleep   | disorde  | er which   | may   | be r  | elated  | to you | ır dei | ntal and |
|---------|----------|-------|--------------|-----------|----------|------|----------|-------|-------------|--------|-----------|----------|------------|-------|-------|---------|--------|--------|----------|
| overall | health.  | There | e is often a | a correla | ation be | etwe | en grin  | ding  | of the tee  | eth, T | ΓMJ disc  | orders,  | breakdov   | vn of | the   | teeth a | nd sle | ep di  | sorders. |
| Sleep a | ipnea ma | ay al | so increas   | e your r  | isk for  | man  | y differ | ent h | ealth con   | ditior | ns includ | ding hea | art attack | and s | strok | e.      |        |        |          |

| Height |  |
|--------|--|
| Weight |  |

## **Epworth Sleepiness Scale**

| How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? |  |  |  |  |  |
|---|--|--|--|--|--|
| Sitting and reading   |  |  |  |  |  |
| Watching TV   |  |  |  |  |  |
| Sitting inactive in a public place (e.g. a theater or a meeting)  |  |  |  |  |  |
| As a passenger in a car for an hour without a break   |  |  |  |  |  |
| Lying down to rest in the afternoon when circumstances permit   |  |  |  |  |  |
| Sitting and talking to someone  |  |  |  |  |  |
| Sitting quietly after lunch without alcohol   |  |  |  |  |  |
| In a car while stopped for a few minutes in traffic   |  |  |  |  |  |

### **Personal History**

| Have you ever been diagnosed with                                |  |  |  |  |  |
|--|--|--|--|--|--|
| Impaired Cognition (i.e. difficulty concentrating or thinking)   |  |  |  |  |  |
| Mood Disorders/Depression  |  |  |  |  |  |
| Insomnia   |  |  |  |  |  |
| Hypertension (high blood pressure)                               |  |  |  |  |  |
| Ischemic Heart Disease (Coronary Artery Disease/Atherosclerosis) |  |  |  |  |  |
| History of Stroke  |  |  |  |  |  |
| Sleep Apnea  |  |  |  |  |  |
| TMJ problems significant enough to require treatment             |  |  |  |  |  |
| Gastric Reflux (GERD) or Heartburn                               |  |  |  |  |  |
| Are you aware of (or have you been told)                         |  |  |  |  |  |
| Snoring on a regular basis                                       |  |  |  |  |  |
| Feeling tired or fatigued on a regular basis                     |  |  |  |  |  |
| Clenching or grinding your teeth (bruxism)                       |  |  |  |  |  |
| Having frequent headaches  |  |  |  |  |  |
| Your neck size being > 17 inches (male) or > 16 inches (female)  |  |  |  |  |  |
| Anyone in your family having sleep apnea                         |  |  |  |  |  |
| Stopping breathing when sleeping/awakening with a gasp           |  |  |  |  |  |

| Are you here with child (<16 years old)? |  |
|--|--|
| Are you aware of your child              |  |
| Snoring/noisy breathing while sleeping   |  |
| Grinding his or her teeth                |  |
| Wetting the bed                          |  |
| Having difficulty in school/learning     |  |
| Being treated for ADD or ADHD            |  |
| Breathing primarily through their mouth  |  |
| Having frequent nightmares/night terrors |  |
| Having frequent ear aches                |  |