Dental Horizons
Guiding Generations to Healthy Smiles

Sleep Screening Questionnaires

Today's Date_____

Name_____ **DOB**_____ Age_____

Height _____ **Weight** _____ **BMI**_____ BMI = (weight X 703)/(Height Inches X Height Inches)

	YES	NO	
Have you ever had a sleep test administered?	☐	☐	If YES - when was your last sleep test?
Are you currently being treated for OSA?	☐	☐	Are you aware of a family history of OSA?
Do you clench and grind your teeth at night?	☐	☐	Do currently use a CPAP or Sleep Appliance?
Do you suffer from waking headaches?	☐	☐	Do you have blocked nasal passages?
Do you ever wake up choking or gasping?	☐	☐	Are you happy with your CPAP or Sleep Appliance?
How often do you use the restroom at night?	_____		If NO - Why?_____

ESS: Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired?

0 = never doze **1** = slight chance of dozing **2** = moderate chance of dozing **3** = high chance of dozing

Situation	Chance of Dozing
1. Sitting and reading	
2. Watching TV	
3. Sitting inactive in a public place (e.g. a theatre or a meeting)	
4. As a passenger in a car for an hour without a break	
5. Lying down to rest in the afternoon when circumstances permit	
6. Sitting and talking to someone	
7. Sitting quietly in a lunch without alcohol	
8. In a car while stopped for a few minutes in traffic	
Total out of 24	

1 -10 - Normal 10 - 16 - Excessively Sleepy 16 - 24 - Abnormally Sleepy

STOP - BANG

		Yes	No
1. **S**nore	Do you snore loudly? (Louder than talking or loud enough to be heard behind a closed door?	☐	☐
2. **T**ired	Do you often feel tired, fatigued or sleepy during daytime?	☐	☐
3. **O**bstruction	Has anyone observed you stop breathing during your sleep?	☐	☐
4. **P**ressure	Do you have or are you being treated for high blood pressure?	☐	☐
5. **B**MI	Is your body mass index greater than 28?	☐	☐
6. **A**ge	Are you 50 years old or older?	☐	☐
7. **N**eck	Are you a male with a neck circumference greater than 17 inches, or a female with a neck circumference greater than 16 inches?	☐	☐
8. **G**ender	Are you a male?	☐	☐

_____

Patient Signature

Questionnaires adapted from www.EpworthSleepinessScale.com and Chung F, et. al Anesthesiology 2008; 108(5):812-821.

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