# 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? | 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? | 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

FOR OFFICE USE ONLY:
Patient meets the criteria for a comprehensive sleep evaluation and/or diagnostic sleep study. Yes No