Sleep Screening Questionnaire

ASHLAND DENTAL & WELLNESS

Date _____

Name _____ Date of Birth _____ Height _____

Weight_____ BMI _____ Collar Size/Neck Circumference _____

	YES	NO
Have you ever been diagnosed with obstructive sleep apnea (OSA)?	○	○
Are you currently being treated for OSA?	○	○
Are you aware of a family history of OSA?	○	○
Are you aware of clenching or grinding your teeth at night?	○	○

Epworth Sleepiness Scale

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

0 = I would never doze
1 = I have a slight chance of dozing
2 = I have a moderate chance of dozing
3 = I have a 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	_____

STOP – BANG

		YES	NO
1. Snore	Do you snore loudly? (Louder than talking or loud enough to be heard behind a closed door?	○	○
2. Tired	Do you often feel tired, fatigued or sleepy during daytime?	○	○
3. Obstruction	Has anyone observed you stop breathing during your sleep?	○	○
4. Pressure	Do you have or are you being treated for high blood pressure?	○	○
5. BMI	Is your body mass index greater than 28?	○	○
6. Age	Are you 50 years old or older?	○	○
7. Neck	Are you a male with a neck circumference greater than 17 inches, or a female with a neck circumference greater than 16 inches?	○	○
8. Gender	Are you a male?	○	○

TO BE FILLED OUT BY DENTIST

- ○ Class 0 – No Bruxism/Clenching
- ○ Class I – Mild Bruxism defined as visual exam showing minor teeth wear or 1-2 bruxism bursts per sleep hour
- ○ Class II – Moderate bruxism defined as visual exam showing moderate teeth wear or
- ○ Class III – Severe bruxism defined as visual exam showing teeth wear or 5+ bruxism bursts per hour