NOSEHILL
DENTAL CENTRE

Sleep Disordered Breathing Questionnaire

Our dental office now offers free and valuable screening for sleep disordered breathing. Screening is simple and involves completion of this questionnaire. Restricted breathing during sleep due to nasal congestion/allergies/anatomical issues, snoring and sleep apnea are part of the continuum of sleep disordered breathing. No longer has a humorous nuisance, new research shows that even nasal congestion, snorting sounds, and soft snoring during sleep can have serious consequences on your health and quality of life. Heavy snoring has been linked to high blood pressure, irregular heartbeats, heart attack, and stroke. Sleep apnea is a serious condition and occurs when a complete stoppage in breathing occurs for more than 10 seconds. This can significantly reduce oxygen levels in your body and disrupt normal sleep cycles.

Please take a few minutes to answer the following questions. If either you or your bed partner have a response of two or more, you could be at risk and should have a comprehensive evaluation.

Note: You may assess your bed partner's probability of having Sleep Disordered Breathing as well by answering the questions based on your knowledge.	Self		Bed Partner	
	Yes	No	Yes	No
1. I often snore, sigh or snort when sleeping.				
2. My snoring affects people when I am sleeping away from home (i.e., hotel, camping, etc.).				
3. I have been told that I choke or gasp in my sleep.				
4. I suffer from insomnia, find it difficult to fall asleep or get back to sleep once awake, wake frequently during the night.				
5. I experience night sweats.				
6. I nap intentionally, am excessively sleepy during the day, fall asleep easily (i.e., while in a meeting or watching TV).				
7. I have chronic nasal congestion or allergies.				
8. I have/have had high blood pressure, irregular heartbeats, heart attack or stroke, coronary artery disease.				
9. I experience frequent headaches.				
10. I struggle with depression or anxiety.				
11. I have experienced weight gain.				
12. I suffer from frequent acid reflux.				
13. My memory is poor; I have difficulty concentrating.				

Once completed, please give this form to the receptionist to attach to your dental chart.

Name: _____ Date: _____

MERRELL CLINIC
Stop snoring. Start sleeping.