E. Richard Hughes, DDS

Name:_

Sleep Apnea/Snoring Questionnaires

Please answer the questions below to help us assess for possible sleep apnea, a condition in which your breathing pauses or stops for periods of time while you sleep. Sleep apnea can increase your risk for many health conditions. It can also increase your risk for breathing problems after surgery.

DOR	·	Height:	Weight:		
Have	you ever been diagn	osed for obstru	uctive sleep apnea (OSA	4)? Y	N
Are ye	Are you currently being treated for OSA?				N
Are y	Are you aware of a family history of ODA?				
Are y	ou aware of clenchin	g or grinding y	our teeth at night?	Y	N
Have	you had a sleep stud	y?		Y	N
	ikely are you to doze t feeling tired?	off or fall aslee	ep in the following situa	tions, in	contrast
	= I would never doze.		2 = I have a moderate	chance c	of dozina
			3 = I have a high change		
Situat		oo or dog.		hance of	
	g and reading		_		
	ning TV				
	g inactive in a public	place (e.g. a th	eater or a meeting)		
	senger is a car for ar				
			circumstances permit.		
Sitting	g and talking to some	eone.	·		
Sitting	g quietly in a lunch, w	ithout alcohol	?		
In a c	In a car while stopped for a few minutes in traffic.				
While	driving a car.				
Do you snore	loudly? (Louder than	n talking or lou	d enough to be heard b	ehind a c	closed
door?				Υ	N
Do you often	Υ	N			
Has anyone of	Υ	N			
	or are you being trea		ood pressure?		
Is your body	Υ	N			
Are you 50 ye	Υ	N			
Male with	Υ	N			
Female v	vith a neck circumfer	ence greater t	han 16 inches?	Y	N
Patient's Sig	nature:		-		