SADDLE ROCK INSTITUTE

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Sleep Apnea Questionairre

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations during your usual way of life recently?

0 = never doze or sleep
1 = slight chance of dozing or sleeping
2 = moderate chance of dozing or sleeping
3 = high chance of dozing or sleeping

	(circle)
Sitting and reading	0 1 2 3
Watching TV	0 1 2 3
Sitting inactive in a public place	0 1 2 3
Being a passenger in a motor vehicle for an hour or more	0 1 2 3
Lying down in the afternoon	0 1 2 3
Sitting and talking to someone	0 1 2 3
Sitting quietly after lunch (no alcohol)	0 1 2 3
Stopped for a few minutes in traffic while driving	0 1 2 3
Total Score	_____

Obstructive Sleep Apnea History

Do you fall asleep during the day?	☐ Y ☐ N
Do you suffer from daytime fatigue?	☐ Y ☐ N
Do you fall asleep while driving regularly?	☐ Y ☐ N
Has your spouse seen you stop breathing during sleep?	☐ Y ☐ N
Do you snore at night?	☐ Y ☐ N
Do you have disrupted sleep?	☐ Y ☐ N
Do you urinate frequently during the night?	☐ Y ☐ N
Do you drink alcoholic beverages?	☐ Y ☐ N
Do you take sedative type medications?	☐ Y ☐ N
Do you have high blood pressure?	☐ Y ☐ N
Do you have an irregular heartbeat?	☐ Y ☐ N
Have you received medical or dental consultation for your sleep apnea?	☐ Y ☐ N
Did you ever undergo a sleep study?	☐ Y ☐ N

If yes, the severity of my sleep apnea is ☐ mild ☐ moderate ☐ severe ☐ I don't know

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What professionals have seen you for your sleep apnea?

☐ medical doctor ☐ general dentist ☐ orthodontist ☐ oral surgeon

☐ pulmonologist ☐ bariatric surgeon ☐ ENT

What type of treatment have you tried for your sleep apnea?

☐ weight loss ☐ CPAP ☐ oral appliance ☐ soft palate surgery ☐ nasal surgery ☐ jaw surgery

☐ other: _____

Do you understand the long-term complications from untreated sleep apnea? ☐ Y ☐ N

Patient Name: _____ Date: _____