Patient: ______________________________________ DOB: _____/______/_______
Today's date: ______/______/_______ BMI: ____________________

Have you ever been told you Snore OR have Sleep Apnea?	Yes__ No__
Does anyone in your family suffer from Sleep Apnea?	Yes__ No__
Do you ever get headaches or have sore teeth or jaws?	Yes__ No__
Do you take medication, supplements, or over-the-counter substances as sleep aids or for headache relief?	Yes__ No__
Is it easy for you to get to sleep and stay asleep?	Yes__ No__
Do you feel rested when you wake in the morning?	Yes__ No__

Please check if you have the following:

Heart Disease	__	Insomnia	__	Diabetes	__
Headaches	__	Depression	__	Urination at night	__
Acid reflux	__	Stroke	__	Tooth grinding	__

STOP BANG SCORE:

Do you SNORE?	Yes__ No__
Do you feel TIRED?	Yes__ No__
Has anyone ever 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 scoring below:

0 - Would never doze
1 – Slight chance of dozing
2 – Moderate chance of dozing
3 – High chance of dozing

Sitting and reading	_____	Laying down to rest in the afternoon (when able)	_____
Watching TV	_____	Sitting down and talking with someone	_____
Sitting, inactive in public	_____	Sitting quietly after lunch (w/o alcohol)	_____
As a passenger in a car for an hour	_____	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____

Ryan P. Robinson, DDS, DABCP, DABDSM, DABCDSM, QOM-D
tel 302.239.1757 | fax 302.285.2664 | contact@painandsleepcenter.com | www.painandsleepcenter.com