THE Smile SPA

Sleep Screening Questionnaire

Name _____ Date _____ DOB _____

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.	**S**nore	Do you snore loudly? (Louder than talking or loud enough to be heard behind a closed door?	☐	☐
2.	**T**ired	Do you often feel tired, fatigued or sleepy during daytime?	☐	☐
3.	**O**bstruction	Has anyone observed you stop breathing during your sleep?	☐	☐
4.	**P**ressure	Do you have or are you being treated for high blood pressure?	☐	☐
5.	**B**MI	Is your body mass index greater than 28?	☐	☐
6.	**A**ge	Are you 50 years old or older?	☐	☐
7.	**N**eck	Are you a male with a neck circumference greater than 17 inches, or a female with a neck circumference greater than 16 inches?	☐	☐
8.	**G**ender	Are you a male?	☐	☐

☐ 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 3-4 bruxism bursts per sleep hour

☐ Class III – severe bruxism defined as visual exam showing teeth wear or 5+ bruxism bursts per sleep hour