

do I have sleep apnea ?



we care...

complete the simple form on the back.

because untreated sleep apnea can shorten your life and result in heart attack, stroke, high blood pressure, and dementia.

ask us for a simple home sleep test to learn if you have sleep apnea.

we are dedicated to improving patient health and lives.

we care!

this screening tool is intended for use in a dental office.

sleep apnea screening

our dental sleep team will use this screening to assess your risk of sleep apnea. Please answer each question in the space provided below and return immediately to us. Sleep Apnea screening is important for your survival and quality of your life. We can help.

circle the correct answer for each question.

patient name: _____

date of birth: _____ provider: _____

do you snore loudly (louder than talking or loud enough to be heard through closed doors)? Yes No

do you often feel tired, fatigued, or sleepy during the daytime? Yes No

has anyone observed you stop breathing during your sleep? Yes No

do you have or are you being treated for high blood pressure? Yes No

are you over 50 years old? Yes No

is your neck size greater than 15.5 inches? Yes No

is your gender male? Yes No

height: _____

weight: _____

or bmi: _____

SCORE: _____