

WHISPERING PINES DENTAL LODGE



Family & Cosmetic Dentistry

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Dental Zzzleep Solutions Questionnaire

EPWORTH SLEEPINESS SCALE

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations? Use the following scale to choose the most appropriate number for each situation:

0 = Would never doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

2 = High chance of dozing

SITUATION

Sitting and reading _____

Watching television _____

Sitting inactive in a public place (i.e. theater) _____

As a car passenger for an hour without a break _____

Lying down to rest in the afternoon _____

Sitting and talking to someone _____

Sitting quietly after lunch without alcohol _____

In a car, while stopping for a few minutes in traffic _____

Total Score _____

A score of 8 or greater indicates the possibility of sleep disordered breathing

CPAP HISTORY

Have you ever been diagnosed with a sleep disorder? _____

Are you currently using a CPAP machine? _____

Do you use your CPAP less than 5 times a week? _____

Would you prefer an oral appliance? _____

THORNTON SNORING SCALE

Snoring has a significant effect on the quality of life for many people. Snoring can affect the person snoring and those around him/her, both physically and emotionally. Use the following scale to choose the most appropriate number for each situation. (Go to the 4th statement if you have no bed partner.)

0 = Never

1 = Infrequently (1 night per week)

2 = Frequently (2-3 nights per week)

3 = Most of the time (4 or more nights per week)

My snoring affects my relationship with my partner _____

My Snoring causes my partner to be irritable or tired _____

My snoring requires us to sleep in separate rooms _____

My snoring is loud _____

My snoring affects people when I am sleeping away _____

from home (i.e. hotel, camping, etc.) _____

Total Score _____

A score of 5 or greater indicates your snoring may be significantly affecting your quality of life.

PATIENT NAME _____

DATE: _____