

Cleona Dental Sleep Questionnaire

Risk Points

Neck Size
+2 Male > 36.5
+2 Female > 35.0

S
C
O
R
E

Co-morbidities
+1 for each
Yes response

S
C
O
R
E

First Name			Middle Init.	Last Name			
Date of Birth	Month	Day	Year	Approx. Weight	Pounds	Neck Size	

	YES	NO		YES	NO
High Blood Pressure	<input type="radio"/>	<input type="radio"/>	Stroke	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>	Depression	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	Sleep Apnea	<input type="radio"/>	<input type="radio"/>

Epworth Sleepiness Scale: How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to mark the most appropriate box for each situation.

Epworth Score

0 = would never doze

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

TOTAL
the values
from all
8 questions.

	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	
Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	if 25 or less Score = 0
Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting, inactive, in a public place (theater, meeting, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	if 52 or more Score = 2
As a passenger in a car for an hour without a break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lying down to rest in the afternoon when circumstances permit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting and talking to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting quietly after lunch without alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
In a car, while stopped for a few minutes in traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

S
C
O
R
E

Frequency 0-1 times/week 1-2 times/week 3-4 times/week 5-7 times/week

Assign points as
marked for the
3 responses

On average in the past month, how often have you snored or been told that you snored?

Never Rarely +1 Sometimes +2 Frequently +3 Almost always +4

Do you wake up choking or gasping for air?

Never Rarely +1 Sometimes +2 Frequently +3 Almost always +4

Have you been told that you stop breathing in your sleep or wake up choking or gasping?

Never Rarely +1 Sometimes +2 Frequently +3 Almost always +4

Point Total

Signature	Date	Total all 6 boxes from above if point total = 4 or 5 - Low Risk 6 to 10 - High Risk 11 or more - Very High Risk
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