

Health Questionnaire for Dental Sleep Appliance Therapy

Female:

Are you pregnant? Yes No Your due date Have you gone through menopause? Yes No

Do you have or have you had any of the following?

No diseases or disorders	Multiple chemical sensitivities	Surgery
Snoring, even a little	Asthma	Glaucoma
Daytime sleepiness	Tuberculosis	Diabetes
Multiple nighttime awakenings	Emphysema	Thyroid disease
Restless leg syndrome	Chronic obstructive pulmonary disease (COPD)	Kidney disease
Gastric reflux	Seizure disorders	Liver disease
Tooth grinding while sleeping	Cancer	Organ transplant
High blood pressure	Leukemia	HIV/AIDS
Low blood pressure	Radiation therapy	Sexually transmitted disease
Vascular disease	Arthritis	Unexplained weight loss
Heart disease	Osteoporosis	Fibromalgia
Anemia	Bisphosphonate therapy (Fosamax, Boniva, etc.)	
Hayfever	Joint replacement	

Any other disease or disorder What:

Dental History

Your general dentist, with contact information.

Are you currently having dental, periodontal, or orthodontic treatment? Yes No

If yes, list all practitioners, and reasons for treatment.

Do your teeth or gums ever hurt? Yes No Sometimes

Do you have any jaw problems? Check all that apply.

I have no jaw problems.	Difficulty speaking.
Difficulty opening or closing.	Difficulty swallowing.
Pain in a jaw joint.	Clicking in a jaw joint.
Difficulty chewing.	

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. If you have not done some of these things recently, think about how they have affected you in the past. Use the following scale to choose the most appropriate number for each situation. Write the number into the box.

0 = no chance of dozing 1 = slight chance 2 = moderate 3 = high chance of dozing

Situation	#	Situation	#
Sitting and reading		Sitting and talking to someone	
Watching TV		Sitting quietly after a lunch without alcohol	
Sitting inactive in a public place, like a theater or a meeting		In a car, while stopped for a few minutes in traffic	
As a passenger in a car for an hour without a break		Lying down to rest in the afternoon	

Today's date:

Please type or write your name to confirm your signature: