

# HEALTH RISK Sleep Evaluation

I am answering the following for:  Myself  Spouse  Other \_\_\_\_\_

**I snore.**

Yes  No

**Are you tired, fatigued, or sleepy during the day?**

Yes  No

**I have used a CPAP (Continuous Positive Airway Pressure).**

Yes  No

**My snoring is loud.**

Never (0)  Infrequently (1)  Frequently (2)  Most of the time (3)

**Snoring affects my relationship.**

Never (0)  Infrequently (1)  Frequently (2)  Most of the time (3)

**My snoring causes me or my partner to be irritable and/or tired.**

Never (0)  Infrequently (1)  Frequently (2)  Most of the time (3)

**My snoring requires me to sleep in a separate room.**

Never (0)  Infrequently (1)  Frequently (2)  Most of the time (3)

**My snoring affects other people when I am sleeping away from home (hotel, camping, etc.)**

Never (0)  Infrequently (1)  Frequently (2)  Most of the time (3)

Total Score: \_\_\_\_\_

- 0-1: you are not currently experiencing symptoms for Obstructive Sleep Apnea
- 2-3: you have non-threatening symptoms at this time but should see your dentist if symptoms increase
- 4-5: your health is at immediate risk, talk to your dentist about taking precautions
- 5+: you are at serious and immediate risk for Obstructive Sleep Apnea (OSA) – see your dentist today

*Office Use Only*

Hygienist	Score explanation	
	Answering on behalf of...	
	Financial options	
	Timeline for solution	
	Health benefits	
Dentist	Home sleep test	
	Airway evaluation	
	Scheduling options	

**Center For Esthetic Dentistry**

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