

# Do you have a Sleep Breathing Disorder?

My studies into night-time bruxism have also introduced me to some of the leading research into sleep disturbances. I have found the negative health issues associated with poor sleep, snoring and apnea so compelling that I am now including questions concerning sleep health into my standard health protocol.

Please complete the following section so that we may provide you with the best possible care.

# Section 1: Epworth Sleepiness Scale

Please indicate how likely you are to doze off or fall asleep in the following situation:  
(0 – never, 1 – slight, 2 – moderate, 3 – high chance of dozing) – CIRCLE ONE RESPONSE FOR EACH QUESTION

Sitting and reading .....	0	1	2	3
Television .....	0	1	2	3
Sitting in a public place .....	0	1	2	3
As a passenger in a car for one hour .....	0	1	2	3
Driving a car stopped for a few minutes in traffic .....	0	1	2	3
Sitting and talking to someone .....	0	1	2	3
Sitting down quietly after lunch without alcohol .....	0	1	2	3
Lying down to rest in the afternoon .....	0	1	2	3

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

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

## Section 2: Subjective Sleep Evaluation

Please circle one yes or no response for each question:

	No (0)	Yes (1)
Do you snore?.....	0	1
You, or your spouse, would consider your snoring louder than a a person talking .....	0	1
Your snoring occurs almost every night .....	0	1
Your snoring is bothersome to your bed partner .....	0	1
Do you feel that in some way your sleep is not refreshing or restful? .....	0	1
Do you wake up at night or in the morning with headaches?.....	0	1
Do you experience fatigue during the day and have difficulty staying awake?.....	0	1
Do you have trouble remembering things or paying attention during the day? ..	0	1
Do you have high blood pressure? .....	0	1

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

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