Bagoff Levenbrook Dental Arts

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Berlin *Questionnaire*

SLEEP EVALUATION IN PRIMARY CARE

1. Complete the following:

Height _____ Age _____

Weight _____ Male/female ____

Category 1

2. Do you snore?

- ☐ Yes
- ☐ No
- ☐ Don't know

If you snore:

3. Your snoring is?

- ☐ Slightly louder than breathing
- ☐ As loud as talking
- ☐ Louder than talking
- ☐ Very loud. Can be heard in adjacent rooms.

4. How often do you snore?

- ☐ Nearly every day
- ☐ 3-4 times a week
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ Never or nearly never

5. Has your snoring ever bothered other people?

- ☐ Yes
- ☐ No

6. Has anyone noticed that you quit breathing during your sleep?

- ☐ Nearly every day
- ☐ 3-4 times a week
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ Never or nearly never

Category 2

7. How often do you feel tired or fatigued after your sleep?

- ☐ Nearly every day
- ☐ 3-4 times a week
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ Never or nearly never

8. During your waketime, do you feel tired, fatigued, or not up to par?

- ☐ Nearly every day
- ☐ 3-4 times a week
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ Never or nearly never

9. Have you ever nodded off or fallen asleep while driving a vehicle?

- ☐ Yes
- ☐ No

If yes, how often does it occur?

- ☐ Nearly every day
- ☐ 3-4 times a week
- ☐ 1-2 times a week
- ☐ 1-2 times a month
- ☐ Never or nearly never

Category 3

10. Do you have high blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't know

BMI =

Scoring questions: Any answer within box outline is a positive response.

Scoring categories:

Category 1 is positive with 2 or more positive responses to questions 2-6 ☐

Category 2 is positive with 2 or more positive responses to questions 7-9 ☐

Category 3 is positive with 1 positive response and/or a BMI >30 ☐

Final result: 2 or more positive categories indicates a high likelihood of sleep disordered breathing.