

Maspeth Dental – HL, P.C.

66-62 Grand Avenue
Maspeth, New York 11378

Sleep Health Questionnaire™

Name: _____

Date: _____

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1. Do you snore or have been told by someone that you snore? Yes (2 pts) No
 2. Has anyone ever noticed that you quit breathing during your sleep? Yes (3 pts) No
 3. Do you ever awaken with a sensation of gasping or choking? Yes (3 pts) No
 4. Do you often wake up with a dry mouth? Yes (2 pt) No
 5. Do you find your sleep to be non-refreshing? Yes (2 pts) No
 6. During your waking time, do you often feel tired, fatigued or not up to par? Yes (1 pt) No
 7. Do you fall asleep in any situation(s) where you did not intend to? Yes (1 pt) No
 8. Do you have (or are being treated for) high blood pressure and/or diabetes? Yes (1 pt) No

Total Points: _____

Please add up the number of questions that were answered "yes". If the number of questions answered "Yes" is greater than 2 the patient is a candidate for a diagnostic sleep study.

- 0 - 2 = Lower risk of having Obstructive Sleep Apnea
3 - 6 = Moderate risk of having Obstructive Sleep Apnea
7 - 15 = High risk of having Obstructive Sleep Apnea

This questionnaire utilizes portions of the Berlin questionnaire, Epworth Sleepiness Scale (ESS) and STOP-BANG questionnaire, which are widely recognized by the AASM as diagnostic tools for obstructive sleep apnea syndrome (OSAS)