

PATIENT NAME _____ AGE _____ DOB _____ TODAYS DATE _____

Using the scale provided, please answer how likely you are to doze off or fall asleep in the following situations, if you allowed yourself to do so:

0 = Would never doze 1 = Slight Chance of Dozing 2 = Moderate Chance of Dozing 3 = High Chance of Dozing

ACTIVITY	SCORE
SITTING AND READING	_____
WATCHING TV	_____
SITTING, INACTIVE IN A PUBLIC PLACE (THEATER, MEETING, ETC)	_____
AS A PASSENGER IN A CAR FOR AN HOUR WITHOUT A BREAK	_____
LYING DOWN TO REST IN THE AFTERNOON WHEN CIRCUMSTANCES PERMIT	_____
SITTING AND TALKING TO SOMEONE	_____
SITTING QUIETLY AFTER LUNCH WITHOUT ALCOHOL	_____
IN A CAR, WHILE STOPPED FOR A FEW MINUTES IN TRAFFIC	_____
TOTAL	_____

Please mark if you suffer from or have been told you have any of the following:

- | | | |
|------------------------|--|-------------------------------|
| _____ Loud Snoring | _____ Frequent Nighttime Urination | _____ Daytime Tiredness |
| _____ Diabetes | _____ Told you stop breathing during sleep | _____ COPD |
| _____ Depression | _____ Obesity/ Weight Gain | _____ Thyroid Dysfunction |
| _____ Acid Reflux | _____ Inability to Lose Weight | _____ Never Feel Rested |
| _____ CPAP Intolerance | _____ Wake up Gasping | _____ High Blood Pressure |
| _____ Lack of Energy | _____ Morning Headaches | _____ Decreased Concentration |
|
For Women Only: | _____ Pregnant | _____ Postmenopausal |
| _____ Premenopausal | _____ Polycystic Ovary Syndrome | _____ Hysterectomy |

SIGNS & SYMPTOMS OF ORAL/FACIAL PAIN (Please circle all symptoms that apply)

Check Below:

- HEADACHES
- JAW JOINT PAIN
- JAW JOINT NOISE OR CLICKING
- LIMITED MOUTH OPENING
- EAR CONGESTION
- DIZZINESS
- RINGING IN EARS
- DIFFICULTY SWALLOWING
- LOOSE TEETH
- CLENCHING OR GRINDING
- FACIAL PAIN
- SENSITIVE TEETH
- CHEWING DIFFICULTIES
- NECK PAIN
- POSTURAL PROBLEMS
- TINGLING IN FINGERTIPS
- HOT & COLD TEETH SENSITIVITY
- NERVOUSNESS OR INSOMNIA

Head Pain, Headache

- Forehead
- Temples
- "Migraine" type
- Sinus type
- Shooting pain up back of head
- Hair and/or scalp painful to touch

Ear Problems

- Hissing, buzzing or ringing
- Decreased hearing
- Ear pain, ear ache, no infection
- Clogged, "itchy" ears
- Vertigo, dizziness

Jaw Problems

- Clicking, popping jaw joints
- Grating sounds
- Pain in cheek muscles
- Uncontrollable jaw and/or tongue movements

Neck Problems

- Lack of mobility, stiffness
- Neck pain
- Tired, sore muscles
- Shoulder aches and backaches
- Arm and finger numbness and/or pain

Eyes

- Pain behind eyes
- Bloodshot eyes
- May bulge out
- Sensitive to sunlight

Mouth

- Discomfort
- Limited opening of mouth
- Inability to open smoothly
- Jaw deviates to one side when opening
- Locks shut or open
- Can't find bite

Teeth

- Clenching, grinding at night
- Looseness and soreness of back teeth

Throat

- Swallowing difficulties
- Laryngitis
- Sore throat with no infection
- Voice irregularities or changes
- Frequent coughing or constant clearing of throat
- Feeling of foreign object in throat constantly

