WILLIAM J. HOLEVAS D.D.S., LTD
LIFE CHANGING DENTISTRY

Snoring and Sleep Apnea Assessment

Name: _____ Date of Birth: _____/_____/_____

Gender: M ____ F ____ Height: _____ Weight: _____

Please check any of the following you may have:			
☐ High Blood Pressure	☐ Heart Disease	☐ Stroke	☐ Insomnia
☐ Frequent Urination at Night	☐ Diabetes	☐ Depression	☐ Overweight

Please check Yes or No to the following questions:		
1. Do you snore loudly? (Loud enough to be heard through closed doors or annoy other people)	☐ YES	☐ NO
2. Do you often feel tired, fatigued, or sleep during the daytime?	☐ YES	☐ NO
3. Has anyone observed you stop breathing during your sleep?	☐ YES	☐ NO
4. Do you have or are you being treated for high blood pressure?	☐ YES	☐ NO

Epworth Sleepiness Scale It is important that you mark a number (0-3) for EACH situation.	Never would doze off	Slight Chance of dozing	Moderate Chance of dozing	High Chance of dozing
1. Do you get sleepy, or doze off, while sitting and reading?	0 ☐	1 ☐	2 ☐	3 ☐
2. Do you get sleepy, or doze off, while watching TV?	0 ☐	1 ☐	2 ☐	3 ☐
3. While sitting or inactive in a public place (meeting, theater)?	0 ☐	1 ☐	2 ☐	3 ☐
4. As a passenger in a car for an hour without a break?	0 ☐	1 ☐	2 ☐	3 ☐
5. Lying down to rest in the afternoon?	0 ☐	1 ☐	2 ☐	3 ☐
6. Sitting and talking to someone?	0 ☐	1 ☐	2 ☐	3 ☐
7. Sitting quietly after lunch without alcohol?	0 ☐	1 ☐	2 ☐	3 ☐
8. In a car, while stopped for a few minutes at a traffic light?	0 ☐	1 ☐	2 ☐	3 ☐

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Total Score

Have you ever been diagnosed with Sleep Apnea? ☐ YES ☐ NO

Do you have a Cpap? ☐ YES ☐ NO Are you currently using CPAP? ☐ YES ☐ NO

Untreated Sleep Apnea relates to many health complications: 5x the risk of heart attack, 2x the risk of stroke, 6x the risk of a serious automobile accident, Diminished productivity at work and reduced quality of life, healthcare utilization costs double, Erectile Dysfunction, Diabetes, Weight gain, Hypertension, Depression, Daytime fatigue.