Dreamhaven dental sleep medicine

# Initial Evaluation Questionnaire

**Name:** _____ **Today's Date:** _____

**Your Sex:** ☐ Male ☐ Female

**Date of Birth:** _____ **Age (years):** _____

**Marital Status:**
☐ Single ☐ Widowed
☐ Married ☐ Divorced and remarried
☐ Divorced ☐ Domestic Partner
☐ Separated

**Race:**
☐ Caucasian ☐ Asian ☐ Other (specify): _____
☐ African American ☐ Hispanic

**Is there usually a bed partner to observe you sleep:** ☐ Yes ☐ No

| **During the last week:** | **Never** | **Rarely** | **Sometimes** | **Often** |
|---|---|---|---|---|
| 1. Have you snored or have you been told that you do? | ☐ | ☐ | ☐ | ☐ |
| 2. Have you had choking or shortness of breath sensations at night? | ☐ | ☐ | ☐ | ☐ |
| 3. Have you woken up during sleep? | ☐ | ☐ | ☐ | ☐ |
| 4. Have you had morning fatigue or fogginess or woken up feeling unrefreshed? | ☐ | ☐ | ☐ | ☐ |
| 5. Have you woken up with a headache? | ☐ | ☐ | ☐ | ☐ |
| 6. Have you had chronic sleepiness, fatigue or weariness that you can't explain? | ☐ | ☐ | ☐ | ☐ |
| 7. Have you fallen asleep during the day, particularly when not busy? | ☐ | ☐ | ☐ | ☐ |
| 8. Have you fallen asleep reading or watching television? | ☐ | ☐ | ☐ | ☐ |
| 9. Have you fallen asleep during the day against your will? | ☐ | ☐ | ☐ | ☐ |
| 10. Have you had to pull off the road while driving due to sleepiness? | ☐ | ☐ | ☐ | ☐ |
| 11. Have you been more irritable and short-tempered? | ☐ | ☐ | ☐ | ☐ |
| 12. Have you felt your memory and/or intellect is impaired? | ☐ | ☐ | ☐ | ☐ |
| 13. Have you been told that you stop breathing while you sleep? | ☐ | ☐ | ☐ | ☐ |