AWAKEN 2 SLEEP

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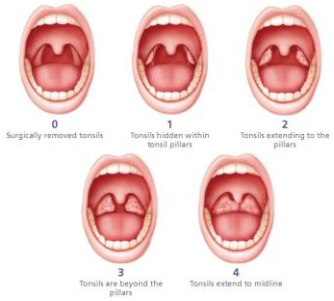
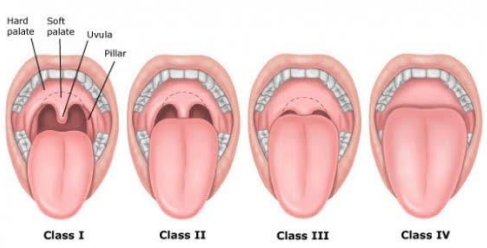
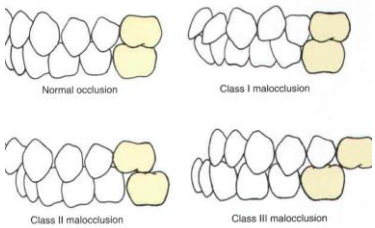
Patient: _____ DOB: _____

Airway Evaluator







- □ Clenching/Grinding
- □ Nasal septum deviation
- □ Anterior gingivitis
- □ Periodontal disease
- □ Battered uvula
- □ Acid erosion/cupping in cusp area
- □ Scalloped tongue
- □ Large tongue
- □ Tongue tie _____%
- □ Bags under the eyes
- □ Turkey waddle
- □ Pharyngeal walls
- □ Mouth breathing
- □ Headaches/when/where
- □ High arched palate
- □ Nasal congestion
- □ Overbite greater than 80%
- □ Pre-molar extraction
- □ Abfraction
- □ Forward wear pattern
- □ Lingual tori
- □ Palatal tori/exostoses
- □ Forward head posture
- □ Lingualized dentition
- □ Allergies/Medication
- □ Gag reflex
- □ Overclosure

Sleep Questionnaire

Answer **"YES"** or **"NO"** to he following questions (circle Yes or No answers)

◊ Y ◊ N 8 Have you ever been told you stop breathing while asleep?
◊ Y ◊ N 6 Have you ever fallen asleep or nodded off while driving?
◊ Y ◊ N 6 Have you ever woken up suddenly with shortness of breath, gasping or with your heart racing?
◊ Y ◊ N 4 Do you feel excessively sleepy during the day?
◊ Y ◊ N 4 Do you snore or have you ever been told that you snore?
◊ Y ◊ N 2 Have you had weight gain and found it difficult to lose?
◊ Y ◊ N 2 Have you taken medication for, or been diagnosed with high blood pressure?
◊ Y ◊ N 3 Do you kick or jerk your legs while sleeping?
◊ Y ◊ N 3 Do you feel burning, tingling or crawling sensations in your legs when you wake up?
◊ Y ◊ N 3 Do you wake up with headaches during the night or in the morning?
◊ Y ◊ N 4 Do you have trouble falling asleep?
◊ Y ◊ N 4 Do you have trouble staying asleep once you fall asleep?

Score and Risk Factor (Add the points that you have answered "YES")

Low	Moderate	High	Severe
0-7	8-11	12-15	16+

The purpose of this questionnaire is to aid a qualified medical professional in identifying possible symptoms of a sleep disorder and is not meant to be used as a substitute for any diagnostic procedure.