

## **DOES THE PATIENT?**

YES NO	Stop breathing while sleeping
YES NO	Gasp while sleeping
YES NO	Tend to fall asleep during the day
YES NO	Snore loudly and disruptively while sleeping
YES NO	Grind or clench their teeth while sleeping
○ YES ○ NO	Toss and turn while sleeping

If you answered yes to any of these questions, your bed partner would benefit from a screening for sleep apnea!

## CALL US TODAY TO SCHEDULE AN APPOINTMENT!

This quiz is not intended to diagnose a medical condition. Answering the questions on this quiz will help the patient communicate with the dentist or physician to determine if further assessment is needed.



