



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.

