

Dental Sleep Medicine Screening

Dental Sleep Medicine is the management of sleep related breathing disorders, including snoring and obstructive sleep apnea (OSA). Sleep Apnea can pose significant health risks and affect your overall quality of life. Although OSA must be diagnosed by a certified sleep physician, dentists are in a unique position to screen for medical, physical and dental signs of sleep breathing disorders. In addition, certified dentists are able to offer treatments with Oral Appliance Therapy (OAT) to alleviate snoring and many cases of mild to moderate sleep apnea.

Dr. Kreuz has continued her commitment to professional education in this important field and is proud to offer dental sleep medicine screening and Oral Appliance Therapy as a part of a whole health approach to her dental practice.

Please complete the following screening questionnaire. Your health is important to us.

Screening for Obstructive Sleep Apnea

Name: _____

Please answer the following questions below to determine if you might be at risk.

S	Do you Snore ?	YES	NO	
T	Do you often feel Tired , Fatigued, or Sleepy during the daytime?	YES	NO	
O	Has anyone Observed you Stop Breathing during your sleep?	YES	NO	TOTAL YES: <input type="text"/>
P	Do you have or are being treated for High Blood Pressure ?	YES	NO	0-2 Low Risk: <input type="radio"/>
B	Body Mass Index more than 35? (see attached graph)	YES	NO	3-4 Moderate Risk: <input type="radio"/>
A	Age older than 50?	YES	NO	5-8 High Risk: <input type="radio"/>
N	Neck size large (greater than 16" around)? (ruler tape available)	YES	NO	
G	Gender = Male?	YES	NO	

Symptoms Please mark all that apply

- | | | |
|--|--|--------------------------------------|
| <input type="radio"/> Morning Headaches | <input type="radio"/> Mouth breathing | |
| <input type="radio"/> Morning Hoarseness | <input type="radio"/> Weight gain | |
| <input type="radio"/> Difficulty concentrating | <input type="radio"/> Snoring | |
| <input type="radio"/> Moodiness | <input type="radio"/> Frequent waking at night, restlessness | Low Risk: <input type="radio"/> |
| <input type="radio"/> Feel unrefreshed in Morning | <input type="radio"/> Frequent Urination at night | Moderate Risk: <input type="radio"/> |
| <input type="radio"/> Nighttime grinding or clenching | <input type="radio"/> Night sweating | High Risk: <input type="radio"/> |
| <input type="radio"/> Jaw clicking or pain | <input type="radio"/> Need caffeine during day to function | |
| <input type="radio"/> Nighttime congestion | <input type="radio"/> Hyperactivity | |
| <input type="radio"/> Chronic cough &/or throat irritation | <input type="radio"/> Family history of Sleep Apnea | |

Medical Co-Factors Please mark all that apply

- | | | |
|---|---|--------------------------------------|
| <input type="radio"/> High Blood Pressure | <input type="radio"/> ADD/ADHD | |
| <input type="radio"/> <input type="radio"/> Controlled with Meds | <input type="radio"/> Diabetes | Low Risk: <input type="radio"/> |
| <input type="radio"/> <input type="radio"/> Not Medicated | <input type="radio"/> Smoking | Moderate Risk: <input type="radio"/> |
| <input type="radio"/> <input type="radio"/> Meds taken with little effect | <input type="radio"/> Asthma | High Risk: <input type="radio"/> |
| <input type="radio"/> Congestive Heart Failure | <input type="radio"/> GERD (gastric reflux) | |
| <input type="radio"/> Coronary Artery disease | <input type="radio"/> Insomnia | |
| <input type="radio"/> Atrial Fibrillation | <input type="radio"/> Depression | |
| <input type="radio"/> Chronic Fatigue Syndrome | <input type="radio"/> Allergies | |

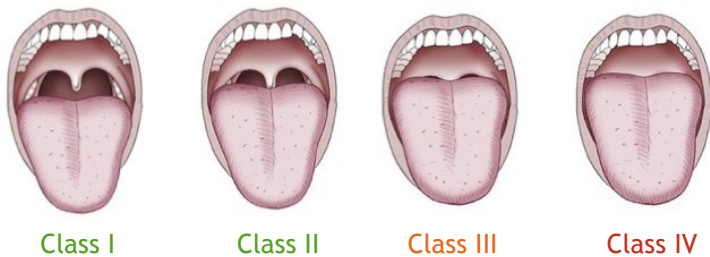
Dental Signs and Symptoms

- Scalloped Tongue
- Linea Alba
- Tooth Wear
- Bruxism
- Tori Mx Mn
- Limited nasal airway R L
- Narrow Maxilla
- Narrow Mandible
- Large tongue
- Inflamed soft palate & uvula
- Elongated uvula

- Low Risk: ●
- Moderate Risk: ●
- High Risk: ●

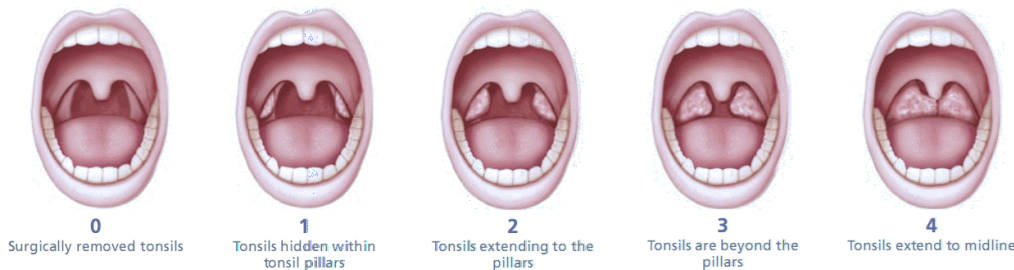
Notes: _____

Mallampati Classification- Upper Airway Evaluation



- Low Risk: ●
- Moderate Risk: ●
- High Risk: ●

Tonsil Classification



- Low Risk: ●
- Moderate Risk: ●
- High Risk: ●

Clinical Recommendations

@date: _____

Based on the results of your dental sleep apnea screening, it is the recommendation of Dr. Stacey Kreuz:

- You are at high risk for Sleep Apnea. A referral to a medical sleep center is strongly recommended for further testing.
- You are at moderate risk for Sleep Apnea. A referral to a medical sleep center is recommended for further testing.
- You are at low risk for sleep apnea. A sleep study will be provided at your request.
- You may be an appropriate candidate for Oral Appliance Therapy (i.e. snore appliance, MAP)

Your health is dynamic. Should your symptoms, health, weight, or sleep quality change, your risk should be reassessed. We would be happy to review the details of this questionnaire or answer your questions at any time. If you know of anyone you think should be assessed for sleep apnea or snoring, we offer a complimentary Dental Sleep Medicine Screening to friends and family.