

Sleep Screening Form - Michael E. Unser DDS 303-238-1400

In recent news reports, tiredness and sleep disorders are increasingly being reported. Sleep Apnea is one of the leading causes of sleep problems and has been reported a major contributor to life threatening conditions.

How Sleepy Are You?

How likely are you to doze off or fall asleep in the following situations? You should rate your chances of dozing off, not just feeling tired. Even if you have not done some of these things recently try to determine how they would have affected you. For each situation, decide whether or not you would have:

- No chance of dozing = 0
- Slight chance of dozing = 1
- Moderate chance of dozing = 2
- High chance of dozing = 3

Write - the number corresponding to your choice in the right column. Total your score below.

Situation	*Chance of dozing*
Sitting and reading	
Watching TV	
Sitting inactive in a public place (e.g., a theater/meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	

Total Score = ____ (A score of 10 or greater, contact your physician)

Just a few more questions:

- Do you snore?
- Have you ever had a sleep study done?
- Has CPAP therapy been recommended?
- Do you use a CPAP?

Patient Name: _____ Date: _____