



Did you know dentists can help with sleep apnea and snoring?

Name: _____ Age: _____

How likely are you to fall asleep while doing the things that are described below (activities)? Even if you haven't done some of these things lately, try to imagine how they would affect you. Use the following scale to choose one number that best describes what has been happening to you during each activity. Write that number in the space below.

- 0 = would never fall asleep
- 1 = slight chance of falling asleep
- 2 = moderate chance of falling asleep
- 3 = high chance of falling asleep

It is important that you answer each question as best you can. The questions are for both adults and children, except where noted.

	Chance of Falling Asleep (0-3)
Sitting and reading	_____
Sitting and watching TV or a video	_____
Sitting, inactive somewhere (e.g. theatre, a meeting, classroom)	_____
Sitting as a passenger in a car (or bus) for 30-60 minutes	_____
Lying down to rest or nap	_____
Sitting and talking to someone	_____
Sitting quietly by yourself after lunch (adults – without alcohol)	_____
Sitting in a car, while stopped for a few minutes in traffic (adults only)	_____
Sitting and eating a meal (children only)	_____

.....

For adults only:

1. Please indicate how often you wear any of the following appliances if you have ever been given one:

	Always	Often	Rarely	Never
a. CPAP	_____	_____	_____	_____
b. Retainer	_____	_____	_____	_____
c. Night guard	_____	_____	_____	_____
d. Snore appliance	_____	_____	_____	_____