

Quality Dental Care
Family Dentistry & Orthodontics



402.238.9922

SLEEP HISTORY QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING:	YES	NO
Have you ever noticed on your own that you snore?		
Have you ever been told by someone that you snore?		
Have you ever awoken gasping for breath?		
Have you ever been told by someone that you gasp, choke, snort or stop breathing while you sleep?		
Do you ever feel tired, fatigued or sleepy during the day?		
Have you ever nodd off or fall asleep while driving a vehicle?		
Do you have acid indigestion?		
Do you have or ever been treated for high blood pressure?		
Do you have a family history of sleep apnea?		
Do you currently use a CPAP?		
If Yes, is it well tolerated?		

Patient Signature: _____ Date: _____