



Sleep Screening Questionnaire

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Patient Name: _____ Date: _____

Epworth Sleepiness Scale

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations? Use the following scale to choose the most appropriate number for each situation:

- 0 = Would Never Doze**
- 1 = Slight Chance of Dozing**
- 2 = Moderate Chance of Dozing**
- 3 = High Chance of Dozing**

Sitting and Reading	_____	Lying Down to Rest in a Afternoon	_____
Watching Television	_____	Sitting and Talking to Someone	_____
Sitting Inactive In a Public Place (i.e. Theater)	_____	Sitting Quietly After Lunch Without Alcohol	_____
As a Passenger for an Hour Without a Break	_____	In a Car, While Stopping for a Few Minutes in Traffic	_____

TOTAL SCORE _____

A SCORE OF 8 OR GREATER INDICATES THE POSSIBILITY OF SLEEP DISORDERED BREATHING.

Thornton Snoring Scale

Snoring has a significant effect on the quality of life for many people. Snoring can affect the person snoring and those around him/her, both physically and emotionally. Use the following scale to choose the most appropriate number for each situation. (Go to the 4th statement if you have no bed partner.)

- 0 = Never**
- 1 = Infrequently (1 night per week)**
- 2 = Frequently (2-3 nights per week)**
- 3 = Most of the Time (4 or more nights per week)**

My Snoring Affects My Relationship with My Partner	_____
My Snoring Causes My Partner to be Irritable or Tired	_____
My Snoring Requires Us to Sleep in Separate Rooms	_____
My Snoring is Loud	_____
My Snoring Affects People When I am Sleeping Away From Home (i.e. hotel, camping, etc.)	_____

TOTAL SCORE _____

A SCORE OF 5 OR GREATER INDICATES YOUR SNORING MAY BE SIGNIFICANTLY AFFECTING YOUR QUALITY OF LIFE.