



## DENTAL SLEEP APNEA, SNORING AND TMJ TREATMENT CENTER

Dr. Charles Schneider

### Health Questions

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have any members of your family (blood relatives) had:

- Heart Disease       High Blood Pressure       Diabetes

2. Have any immediate family members been diagnosed or treated for a sleep disorder?

- Yes       No

3. Alcohol consumption: How often do you consume alcohol within 2-3 hours of bedtime?

- Never       Once a week       Several days a week       Daily       Occasionally

4. Sedative consumption: How often do you take sedatives within 2-3 hours of bedtime?

- Never       Once a week       Several days a week       Daily       Occasionally

5. Caffeine consumption: How often do you consume caffeine within 2-3 hours of bedtime?

- Never       Once a week       Several days a week       Daily       Occasionally

6. Do you smoke?

- Yes       No

If yes, how many packs per day? \_\_\_\_\_

7. Do you use chewing tobacco?

- Yes       No