



DENTAL SLEEP APNEA, SNORING AND TMJ TREATMENT CENTER

Dr. Charles Schneider

Name: _____ Date: _____

Gender: _____ M _____ F

Date of Birth: _____

Marital Status: _____ Single _____ Widowed _____ Married _____ Divorced & Remarried

_____ Divorced _____ Domestic Partner _____ Separated _____ Other

Race: _____ Caucasian _____ Asian _____ African American _____ Hispanic Other: _____

Is there usually a bed partner to observe you sleep? Yes No

During the last week:	Never	Rarely	Sometimes	Often
1) Have you snored or have you been told you do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Have you had choking or shortness of breath at night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Have you woken up during sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Have you had morning fatigue or foginess or woken up feeling unrefreshed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Have you woken up with a headache?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Have you had chronic sleepiness, fatigue, or weariness that you can't explain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Have you fallen asleep during the day, particularly when you are not busy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Have you fallen asleep reading or watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Have you fallen asleep during the day against your will?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Have you had to pull off the road while driving due to sleepiness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Have you been more irritable and short-tempered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) Have you felt your memory and/or intellect is impaired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) Have you ever been told that you stop breathing while sleeping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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