

Sleep & Snore Pre Consultation Questionnaire

Please answer all questions & bring this form with you to the consultation.

SurnameFirst NameDate of Birth

Address..... Telephone.
(home).....
.....(work).....
.....(mobile).....

Postcode:..... Email.....

General Medical Practitioner (Doctor) Dentists:

.....
.....
.....

Postcode: Postcode.....

This is a pre assessment screening questionnaire. It provides important base line information which will be treated in strict confidence.

What is your main concern or that of your sleeping partner ?

Snoring : Y / N

Sleep apnoea : Y / N

Bruxism / tooth grinding : Y / N

TMD pain : Y / N

Do you snore	Yes / No
If yes, please circle	Quiet, loud, very loud, deafening
Do you have daytime sleepiness	Y / N
Has anyone noticed you stop breathing whilst asleep	Yes / No
Do you awake from sleep feeling choked	Yes / No
Do you awake at night to pass water? How often	Yes / No 1 2 -3 4 +
What time do you usually go to sleep?	

What time do you wake up ?	
What is your collar size now	
What was your collar size 5 years ago	
What is your weight now ?	
What was your weight 5 years ago ?	
Do you have trouble breathing through your nose at night ?	Yes / No
How much alcohol do you drink each week	Units:
How many cigarettes do you smoke	No yes..... per day
Please list any medical conditions	Or past operations

Do you have temporomandibular joint problems (TMD)? Y/N

Do you suffer from tinnitus? Y / N

Do you have any allergies? Y / N

Please list any medications being taken:

Medication	Dose

Height (metres): Weight (kilos): BMI: BP: Epworth score:

Previous efforts to treat sleep disorder:

Conservative regimens (e.g. weight loss, exercise):.....
Mandibular advancement devices:.....
Nasal CPAP:
Surgery:.....
Previous sleep study: Y / N when ? (AHI).....

Snoring commonly follows partial closure of the airway, normally at the back of the throat, during sleep. However it may be accompanied by obstructive sleep apnoea (OSA) which is a more serious and potentially life threatening condition. This and other screening questionnaires are used to help identify patients at risk but are not a definitive diagnosis for OSA. The diagnosis of OSA would require you to undergo an overnight sleep study. Severe OSA should be managed within a multidisciplinary team led by a chest physician.

Dental jaw posturing appliances have been shown to be effective in the management of snoring and or mild OSA. The treatment will not cure the condition but works by holding the jaw in a forward postured position. This leads to an improvement in the airway space. To work the clinical instructions supplied must be followed, the appliances must be worn during sleep and if not worn, the symptoms will return. The response to this treatment varies and no guarantee of improvement of your condition can be given. With time the symptoms may return as the body changes and adapts. Following initial fitting, excessive salivation and some slight changes in sensation are to be expected. The teeth, bite, facial muscles and jaw joints may feel different, this usually settles. There is a risk that with long term use, there may be tooth or jaw movements. Reporting any problems especially those listed in the appliance care document, attending the post treatment assessment and regular follow-ups are recommended.

A high standard of mouth care is essential and must be maintained otherwise the appliances could damage the teeth & supporting structures.

Patient Consent:

I understand the questions being asked & have given honest replies to these.
It has been explained to me that I would need an overnight sleep study to conclusively diagnose obstructive sleep apnoea. I have read the information supplied and understand that the Somnowell appliance may help manage my condition.

Patient's name.....

Patient's signature..... Date:.....