Adult Airway Questionnaire/ Epworth Sleepiness Scale

Patient Name______________________________ Date_____________________

Please fill out this form as accurately and honestly as possible. Dr. Tracey Nguyen is one of the dental experts of Northern Virginia Airway Group, which addresses specific issues of breathing and the form and function of the upper airway that affect your total health and wellness. It is documented that mildest form of Sleep Disorder Breathing, SNORING impairs neurobehavioral development! Based on the wellness model, our team of highly trained and experienced medical and dental professionals, will evaluate your body as a whole, treat the underlying causes, restore your body's optimal breathing and sleep habits, improve your overall health and elevate your quality of life.

Use this scale to determine your patient's level of sleepiness. Choose the most appropriate number for each situation:

0 = no chance of dozing
1 = slight chance of dozing or sleeping
2 = moderate chance of dozing or sleeping
3 = high chance of dozing or sleeping

Situation	Chance of Dozing or Sleeping
Sitting and reading	____
Watching TV	____
Sitting inactive in a public place	____
As a passenger in a motor vehicle for an hour or more	____
Lying down to rest in the afternoon when circumstances permits	____
Sitting and talking to someone	____
Sitting quietly after lunch without alcohol	____
In a car, while stopped for a few minutes in traffic	____
Total score (add the scores up) (This is your Epworth score)	____

Please circle which one applies to you

1. Do you breath through your mouth?
2. Do you frequently get a dry throat or non-productive cough?
3. Do you have any nasal allergies?
4. Do you snore or have you been told you snore while sleeping?
5. Do you stop or pause your breathing while sleeping?
6. Do you wake up fatigued?
7. Do you have morning tension or migraine headaches?
8. Do you easily get tired or fall asleep during the day?
9. Do you clench or grind the teeth during the night?
10. Do you clench or grind the teeth during the day?
11. Do you have any facial pain?
12. Do you usually drink alcohol or take sleep aids before going to bed?
13. Do you suffer from hypertension?
14. Have you been diagnosed with Chronic Fatigue Syndrome, Irritable Bowel Syndrome, Fibromyalgia or Temporomandibular Syndrome

19465 Deerfield Ave, Ste 406, Lansdowne, VA 20176
O: (703) 723-7810 F: (703) 723-7812
lansdownedentalcare@gmail.com www.lansdownedentist.com