Sleep Screening Questionnaire

White Wolf Dental | 1221 Dunlawton Ave Suite 100, Port Orange, FL 32127
Office: 386-304-1181 | Fax: 386-304-6401

Epworth Sleepiness Scale

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations? Use 0 = Would never doze, 1 = Slight chance, 2 = Moderate chance, 3 = High chance.

Sitting and reading	
Watching television	
Sitting inactive in a public place (i.e. theater)	
As a car passenger for an hour without a break	
Lying down to rest in the afternoon	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
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

Use 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). Go to the 4th statement if you have no bed partner.

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.

Patient name _____ Date _____