
Patient Signature

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The purpose of this questionnaire is to identify important characteristics of your sleeping habits. Patients are to complete this questionnaire with their partner at home and then return it to this dental office.

1. Do you feel tired in the morning?
2. Do you awake with a headache in the morning?
3. Do you have problems concentrating for a long time?
4. Does sleep suddenly overcome you or do you doze off unintentionally during the day?
5. Did breathing stop at any time during sleep and did you gasp for breath afterwards? (please ask your partner, if possible)

YES

☐☐☐☐☐☐

Sometimes

☐☐☐☐☐☐

NO

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Indication of obstructive sleep apnea, examination by sleep disorder specialist recommended. If prescribed, anteriorization of the lower jaw with oral appliance is necessary.

Obstructive sleep apnea cannot be excluded, examination by sleep disorder specialist recommended. If prescribed, anteriorization of the lower jaw with oral appliance is necessary.

Obstructive sleep apnea is probably not present.
Anteriorization of the lower jaw with oral appliance is necessary.

6. Do you feel stiffness in the area of the mandibular (jaw) points?
7. Do your jaw muscles feel strained or tense in the morning?
8. Do you grind or grit your teeth? (Please ask your dentist or partner, if possible)

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Treatment with oral appliance may be contraindicated because it could cause further damage to the mandibular joint

Before prescribing oral appliance, it is necessary to find if mandibular joint disease is present.

Mandibular joint disease probably does not exist. Treatment with oral appliance is indicated.