

## *Sleep Survey*

- Do you snore or you have been told you stop breathing while sleeping? ☐ Yes ☐ No
- Does your bed partner snore or stop breathing while sleeping? ☐ Yes ☐ No
- Do you wake up tired/ exhausted in the morning or often tired in the afternoon? ☐ Yes ☐ No
- Do you have high blood pressure? ☐ Yes ☐ No
- Can you fall asleep in less than 5 minutes? ☐ Yes ☐ No
- Do you grind your teeth? ☐ Yes ☐ No
- Do you have trouble losing weight? ☐ Yes ☐ No
- Do you have sleep apnea? ☐ Yes ☐ No

*Did you know that this dental practice may be able to help you with many of these problems?*