MITCH CONDITT DDS
Cosmetic & Restorative Dentistry

SLEEP HEALTH HISTORY

FIRST NAME: MIDDLE INT: LAST NAME:

DATE: GENDER: M F DOB:

HAVE YOU BEEN DIAGNOSED OR TREATED FOR ANY OF THE FOLLOWING CONDITIONS?

High Blood Pressure	☐ YES	☐ NO	Heart Disease	☐ YES	☐ NO
Diabetes	☐ YES	☐ NO	Lung Disease	☐ YES	☐ NO
Insomnia	☐ YES	☐ NO	Narcolepsy	☐ YES	☐ NO
Morning Headaches	☐ YES	☐ NO	Stroke	☐ YES	☐ NO
Depression	☐ YES	☐ NO	Sleep Apnea	☐ YES	☐ NO
Nasal Oxygen Use	☐ YES	☐ NO	Restless Leg Syndrome	☐ YES	☐ NO
Sleeping Medication	☐ YES	☐ NO	Pain Medication (eg, Vicodin, Oxycontin)	☐ YES	☐ NO
GERD	☐ YES	☐ NO	Menopause/Hormone Therapy	☐ YES	☐ NO

SLEEP QUESTIONS:

Do you snore?	☐ YES ☐ NO
Is your snoring interrupted by pauses or choking?	☐ YES ☐ NO
Has anyone ever said that you stop breathing or have pauses in your breathing during your sleep?	☐ YES ☐ NO
Do you wear a CPAP or Oral Appliance to help you breathe when sleeping?	☐ YES ☐ NO
How many hours of sleep do you usually attain per night?	☐ 2-4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9+
Do you know the recommended amount of sleep per night is 7-9 hours?	☐ YES ☐ NO
Do you feel fatigued, exhausted or tired most of the time?	☐ YES ☐ NO
Do you feel that in some way your sleep is not refreshing or restful?	☐ YES ☐ NO
Do you have periods of the day when you have trouble paying attention, remembering things, or staying awake?	☐ YES ☐ NO
Have you ever had a sleep study?	☐ YES ☐ NO
If yes, then when and what were the results?	

DO YOU HAVE A CHANCE OF DOZING DURING THE FOLLOWING:	YES	NO
While sitting or reading?		
Watching TV?		
Sitting inactive in a public place (theatre or meeting)?		
As a passenger in a car for an hour without a break?		
Lying down to rest in the afternoon?		
Sitting and talking to someone?		
Sitting quietly after a lunch without alcohol?		
In a car, while stopped for a few minutes in traffic?		