



VELASQUEZ-PIERCE FAMILY DENTISTRY

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Sleep Health Questionnaire

- Have you ever been diagnosed with a sleep disorder? Yes | No
- Do you feel you have a sleep problem? Yes | No
- Do you snore or does your bed partner elbow you for snoring at night? Yes | No
- Do you often feel tired, fatigued or sleepy during the day time (such as falling asleep while watching tv or while driving) Yes | No
- Has anyone observed you stop breathing or choking/gasping during your sleep? Yes | No
- Do you get irritable and impatient? Yes | No
- Do you wake up often at night? Yes | No
- Do you grind your teeth at night? Yes | No
- Do you have GRED? (Acid Reflex) Yes | No
- Do you have or being treated for high blood pressure? Yes | No
- Is your neck size large? For male collar 17" or larger; for women 16" or larger? Yes | No