

Silensor-sl

Pre-screening Questionnaire

schottlander
improving dentistry together

Patient name: _____

Partner Questions

(to be taken away if partner is not present)

With 1 being the quietest and 5 being the loudest, how loudly does your partner snore:

1

2

3

4

5

How often does your sleeping partner snore:

Never ☐

Occasionally ☐

Frequently ☐

Most nights ☐

Every night ☐

How often is your sleep disturbed by your partners snoring:

Never ☐

Occasionally ☐

Frequently ☐

Most nights ☐

Every night ☐

Does your partner wake up or partially wake up from sleep, appearing to gasp for breath:

Yes ☐

No ☐

If yes, how often does this occur:

Occasionally ☐

Most nights ☐

Every night ☐

More than once per night ☐