Southwest
myofunctional therapy

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OSA and Breathing Disorder Questionnaire

Patient Name: ____________________________ **Date:** ___________________

Are you feeling rested?
How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Use the following scale to choose the most appropriate situation:

0 = Never, 1 = Slight Chance, 2 = Moderate Chance, 3 = High Chance

Situation	**Chance of Dozing**
Sitting and reading	____________________
Watching TV	____________________
Sitting, inactive in a public place (ex. A theatre or meeting)	____________________
As a passenger in a car for an hour without a break	____________________
Lying down to rest in the afternoon when circumstances permit	____________________
Sitting and talking to someone	____________________
In a car, while stopped for a few minutes in traffic	____________________

Scoring Interpretation

0 - 5 = Normal / Daytime sleepiness

6 - 10 = Higher than normal daytime sleepiness.

11- 15 = Mild / Moderate Daytime sleepiness

16 - 24 = Severse excessive daytime sleepiness

Are you feeling fatigued?
Please circle the number between 1 and 7 which you feel best fits the following statements. This refers to your usual way of life within the last week.
1 = "Strongly" Disagree, 7 = "Strongly" Agree

During the past week, I have found that:			**Score**			
My motivation is lower when I am fatigued	*1*	*3*	*4*	*5*	*6*	*7*
Exercise brings up my fatigue	*1*	*3*	*4*	*5*	*6*	*7*
I am easily fatigued	*1*	*3*	*4*	*5*	*6*	*7*
Fatigue interferes with my physical functioning	*1*	*3*	*4*	*5*	*6*	*7*
Fatigue causes frequent problems for me	*1*	*3*	*4*	*5*	*6*	*7*
My fatigue prevents sustained physical functioning	*1*	*3*	*4*	*5*	*6*	*7*
Fatigue interferes with carrying out certain duties and responsibilities	*1*	*3*	*4*	*5*	*6*	*7*
Fatigue is among my three most disabling symptoms	*1*	*3*	*4*	*5*	*6*	*7*
Fatigues interferes with my work, family, or social life	*1*	*3*	*4*	*5*	*6*	*7*

Scoring interpretation: Add up the circled numbers and divide by 9. People who do not experience fatigue score about 2.8, people with Lupus score about 4.6, people with Lyme Disease score about 4.8, people with fatigue related to Multiple Sclerosis score about 5.1, and people with Chronic Fatigue Syndrome score about a 6.1.

Are you at risk of sleep apnea?
Please answer the following questions by circling "yes" or "no" for each one.
Score 1 point for each positive response.

STOP - Bang Questionnaire		
Snoring (Do you snore loudly?)	Yes	No
Tiredness (Do you often feel tired, fatigued, or sleepy during the daytime?)	Yes	No
Observed Apnea (has anyone observed that you stop breathing, or gasp during sleep?)	Yes	No
High Blood Pressure (Do you have or are you being treated for high blood pressure?)	Yes	No
BMI (Is your body mass index more than 24 lbs per ft?)	Yes	No
Age (Are you older than 50 years?)	Yes	No
Neck Circumference (Is your neck circumference greater than 15.75 in?)	Yes	No
Gender (Are you male?)	Yes	No

Scoring interpretation:
0 - 2 = Low Risk   3 - 4 = Intermediate Risk   ≥ 5 = High Risk

Do you have trouble breathing through your nose?
Over the past month, how much of a problem were the following conditions for you?
Please circle the most correct response.

Situation	**Not a problem**	**Very mild problem**	**Moderate problem**	**Fairly bad problem**	**Severe problem**
Nasal congestion or stuffiness	**0**	**1**	**2**	**3**	**4**
Nasal blockage or obstruction	**0**	**1**	**2**	**3**	**4**
Trouble breathing through my nose	**0**	**1**	**2**	**3**	**4**
Trouble sleeping	**0**	**1**	**2**	**3**	**4**
Unable to get enough air through my nose during exercises or exertion	**0**	**1**	**2**	**3**	**4**

Scoring interpretation:
Patients with a score of 30 on the NOSE survey best differentiated patients with and without nasal obstruction. Patients were categorized as having mild (range, 5-25), moderate (range, 30-50), servere (range, 55-75), or extreme (range, 80-100) nasal obstruction, depending on responses on the NOSE survey?

Do you have an oromyofacial dysfunction?
Please check off situations that apply to you:

☐ Side Sleeper

☐ Un-refreshing / Restless sleep

☐ Neck / Shoulder tension

☐ Clenching / Grinding / Wear on teeth

☐ Previous orthodontic treatment

☐ Jaw / TMJ discomfort

☐ Difficulty swallowing pills

☐ Tongue rest on the roof of the mouth

☐ Deep wrinkle under lower lip

☐ Asymmetrical face