



FRAMINGHAM DENTAL CENTER

www.FraminghamDentists.com

Name: _____

Date: _____

• Have you ever been diagnosed with Sleep Apnea? Y___ N___

• Have you ever had an overnight sleep study? Y___ N___

• Do you or have you used a CPAP? Y___ N___

• Do you wake up in the morning with headaches? Y___ N___

• Have you been told that you gasp for air or
suddenly stop breathing while sleeping? Y___ N___

• Do you snore? Y___ N___