



Steven Boe DMD &  
Stephen Page DMD, PA

Westlake Professional Center  
4953 Castello Drive, Suite 100  
Naples, Florida 34103  
Telephone (239) 263-2122  
www.drboeandpage.com

Steven A. Boe, DMD  
Stephen B. Page, DMD  
Christopher S. Page, DMD

## Are You Getting a Good Night's Sleep?

Take this simple survey

### EPWORTH SLEEPINESS SCALE

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations? Use the following scale to choose the most appropriate number for each situation:

- |                               |                             |
|-------------------------------|-----------------------------|
| 0 = Would never doze          | 1 = Slight chance of dozing |
| 2 = Moderate chance of dozing | 3 = High chance of dozing   |

#### SITUATION

- |   |       |
|---|-------|
| Sitting and reading                                   | _____ |
| Watching television                                   | _____ |
| Sitting inactive in a public place (i.e. theater)     | _____ |
| As a car passenger for an hour without a break        | _____ |
| Lying down to rest in the afternoon                   | _____ |
| Sitting and talking to someone                        | _____ |
| Sitting quietly after lunch without alcohol           | _____ |
| In a car, while stopping for a few minutes in traffic | _____ |

#### TOTAL SCORE

\_\_\_\_\_

A score of 8 or greater indicates the possibility of sleep disordered breathing.

### THORNTON SNORING SCALE

Snoring has a significant effect on the quality of life for many people. Snoring can affect the person snoring and those around him/her, both physically and emotionally. Use the following scale to choose the most appropriate number for each situation. (Go to the 4th statement if you have no bed partner.)

- |                                      |  |
|--------------------------------------|--|
| 0 = Never                            | 1 = Infrequently (1 night per week)              |
| 2 = Frequently (2-3 nights per week) | 3 = Most of the time (4 or more nights per week) |

- |  |       |
|--|-------|
| My snoring affects my relationship with my partner   | _____ |
| My snoring causes my partner to be irritable or tired                                      | _____ |
| My snoring requires us to sleep in separate rooms  | _____ |
| My snoring is loud   | _____ |
| My snoring affects people when I am sleeping<br>away from home (i.e. hotel, camping, etc.) | _____ |

#### TOTAL SCORE

\_\_\_\_\_

A score of 5 or greater indicates your snoring may be significantly affecting your quality of life.