



Dental Care, PLLC

Home of the WOW!

"Creating Healthy Smiles For Life"

Name: _____ Date: _____

RATE YOUR SMILE

HOW HAPPY ARE YOU WITH IT?

1 2 3 4 5 6 7 8 9 10

(1 Lowest - 10 Highest)

WHAT ARE 3 THINGS YOU WOULD CHANGE?

#1 _____

#2 _____

#3 _____

THE EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

THE EPWORTH SLEEPINESS SCALE	CHANCE OF DOZING
No chance of dozing	0
Slight chance of dozing	1
Moderate chance of dozing	2
High chance of dozing	3

SITUATION:	CHANCE:
Sitting and reading	
Watching TV	
Sitting inactive in a public place	
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	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
TOTAL SCORE ➡	

ANSWER THE FOLLOWING QUESTIONS:	YES	NO
Do you snore?		
Do you wake up gasping for air?		

Notes: _____

BMI: _____

MAL: _____

NC: _____