We are proud to announce our collaboration with *The Breathe Institute*, a multidisciplinary center for precision diagnosis and comprehensive treatment of nasal obstruction, snoring, obstructive sleep apnea (OSA), and breathing disorders. The below questionnaire is optional, yet serves as a very important health screening tool for our patients who are seeking answers to the root cause of some of their oral-facial and overall health concerns.

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

SITUATION	CHANCE OF DOZING
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (e.g. a theatre or a 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 the traffic	_____

Scoring interpretation:

0-5 = Normal daytime sleepiness
6-10 = Higher normal daytime sleepiness
11-15 = Mild /Moderate daytime sleepiness.
16-24= Severe 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 indicates "strongly disagree" and 7 indicates "strongly agree."

During the past week, I have found that:	SCORE
My motivation is lower when I am fatigued	1 2 3 4 5 6 7
Exercise brings on my fatigue	1 2 3 4 5 6 7
I am easily fatigued	1 2 3 4 5 6 7
Fatigue Interferes with my physical functioning	1 2 3 4 5 6 7
Fatigue causes frequent problems for me	1 2 3 4 5 6 7
My fatigue prevents sustained physical functioning	1 2 3 4 5 6 7
Fatigue interferes with carrying out certain duties and responsibilities	1 2 3 4 5 6 7
Fatigue is among my three most disabling symptoms	1 2 3 4 5 6 7
Fatigue interferes with my work, family, or social life	1 2 3 4 5 6 7

Scoring: A*dd 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 , People with Chronic Fatigue Syndrome score about 6.1.

ARE YOU AT RISK OF SLEEP APNEA?

Please answer the following questions by checking "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 35 kg per m?)	**YES**	**NO**
Age (Are you older than 50 years?)	**YES**	**NO**
Neck Circumference (Is your neck circumference greater than 40cm/15.75 inches?)	**YES**	**NO**
Gender (Are you male?)	**YES**	**NO**

Scoring: 0 to 2= low risk, 3 or 4= intermediate risk, ≥5= high risk

DO YOU HAVE TROUBLE BREATHING THROUGH YOUR NOSE?

Over the past ONE 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: 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), severe (range, 55-75), or extreme (range, 80-100) nasal obstruction, depending on responses on the NOSE survey.

DO YOU HAVE OROMYOFASCIAL 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 rests on the roof of mouth
- ☐ Deep wrinkle under lower lip
- ☐ Asymmetrical face