

Patient Name _____ Date _____

Airway Questionnaire (Patient)

Daytime Symptoms:

- Are you frequently sick (Ex: colds, flu)
- Fatigue
- Morning Headaches
- Myalgia-Muscle aches, pains, soreness
- Difficulty concentrating
- Need caffeine throughout the day
- Frequent neck soreness
- TMD pain
- Forgetfulness

Sleep Disturbances:

- Frequent nightly awakenings
- Difficulty initiating sleep
- Insomnia-difficulty maintaining sleep
- Nighttime bathroom trips
- Bruxism, teeth grinding, clenching
- Restless Leg Syndrome
- Unrefreshed sleep
- GERDS/acid reflux
- Snoring
- Light sleeper
- Dry Mouth at night or awakening
- Chapped lips
- Sleep Position: Back, Stomach, Side, Combo, Unknown
- Regular use of sleep aids

Functional Somatic Syndrome:

- Depression
- Chronic Fatigue Syndrome
- Irritable Bowel Syndrome
- Fibromyalgia
- Polysomatic Disorder
- Mood Swings/irritability
- Anxiety/Panic Attacks

Autonomic Nervous System:

- Hypotension (low blood pressure)
- Orthostasis-light headed when standing up
- Cold hands and feet
- Unexplained shaking at night
- History of latent bed wetting
- Night sweats

Upper Airway:

- Claustrophobia
- Heightened gag reflex
- Encumbered airway, subjectively
- Small nasal openings
- Enlarged turbinates
- Frequent sore throat (pharyngitis)
- Deviated septum
- Post nasal drip
- Chronic sinus/nasal congestion
- Sinusitis (frequent)
- Chronic cough or throat clearing
- Sinus migraines
- Nasal Polyps
- Halitosis (bad breath)
- Frequent nosebleeds
- BMI – High/low
- Neck Size (male>17/female>16)
- Altered smell
- Asthma
- Lip/chin strain to close mouth
- Rhinitis (frequent)
- Nasal Obstruction
- Breathing pattern:Nasal Open/Mouth Over-breathing

Orthodontic History:

- When treated/why (Ex: TMD, Cosmetic, Crowding)
- Retreats/why?
- Teeth Extracted?
- History of headgear
- History of palatal expansion
- History of functional appliances

Neurologic:

- Balance/Tripping
- Constipation
- Tingling in hands
- Pill rolling
- Hand/Arm hanging while walking
- Nighttime drooling