



LARRY M. WOLFORD, DMD

DIPLOMATE OF THE AMERICAN BOARD OF ORAL AND MAXILLOFACIAL SURGERY

BAYLOR UNIVERSITY MEDICAL CENTER, WORTH STREET TOWER
3409 WORTH STREET, SUITE 400, DALLAS, TX 75246

PHONE 214-828-9115

FAX 214-828-1714

Airway Questionnaire for Obstructive Sleep Apnea (OSA)

NAME: _____ AGE: _____ DATE: _____

Do you breathe through your mouth during the day? No ____ Yes ____

What is your breathing difficulty? Mild ____ Moderate ____ Severe ____

Do you breathe through your mouth when you sleep? No ____ Yes ____

Does this occur: Occasionally ____ Moderately ____ Always ____

Do you breathe through your mouth during the day? No ____ Yes ____

Does this occur: Occasionally ____ Moderately ____ Always ____

Do you snore? No ____ Yes ____

Is your snoring: Mild ____ Moderate ____ Severe ____

Are you tired during the day? No ____ Yes ____

Is your daytime tiredness: Mild ____ Moderate ____ Severe ____

Do you have Sleep Apnea? No ____ Yes ____

When did it start or was diagnosed? _____

Is your Sleep Apnea: Mild ____ Moderate ____ Severe ____

Do you have difficulties sleeping at night? No ____ Yes ____

Are your sleep difficulties: Mild ____ Moderate ____ Severe ____

Do you toss and turn a lot when sleeping? No ____ Yes ____

Is the tossing and turning: Mild ____ Moderate ____ Severe ____

Do you wake up at night unable to catch your breath? No ____ Yes ____

Does this occur: Occasionally ____ Moderately ____ Frequently ____

Do your legs and/or arms jerk at night? No ____ Yes ____

Is the leg and arm jerking: Mild ____ Moderate ____ Severe ____

Do you sleep on your? Back ____ Sides ____ Stomach ____ Other _____

Do you have high blood pressure? No ____ Yes ____

Is it: Mild ____ Moderate ____ Severe ____

What is your blood pressure? _____

Do you smoke? No ____ Yes ____

Packs per day ____ Cigarettes per day ____ Other _____

Number of Years ____

Any lung (pulmonary) conditions? No ____ Yes ____

What are the conditions? _____

Have you had surgery for your breathing or Sleep Apnea conditions? No ____ Yes ____

What procedures have been done? _____

Have you had a Sleep Study? No ____ Yes ____ (If yes, please send copy of report)

Dr. Larry M. Wolford treats Obstructive Sleep Apnea (OSA). Please contact our office using our [online contact form](#) or call 214-828-9115 if you would like to schedule an appointment.