

Patient Name _____ Date _____

Airway Questionnaire

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

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)

Sleep Disturbances

- _____ Sleep Position: Back, Stomach, Side, Combo, Unknown
- _____ Regular use of sleep aids
- _____ 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
- _____ 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)
- _____ Noted Hyper nasality

Functional Somatic Syndrome:

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

Orthodontic History:

- _____ When treated (Ex:TMD, cosmetic, crowding)
- _____ Retreats/Why
- _____ Teeth Extracted?
- _____ History of headgear
- _____ History of palatal expansion
- _____ History of functional appliances

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

Neurologic:

- _____ Balance/Tripping
- _____ Constipation
- _____ Tingling in hands
- _____ Pill rolling
- _____ Hand/Arm hanging while walking
- _____ Night time drooling
- _____ Eczema
- _____ OCD (Obsessive Compulsive Disorder)
- _____ Ferratin Levels (Menses)

Dentition:

- _____ Deep Overbite
- _____ Several tooth/restoration fracture history
- _____ Mortal-pestal dished out wear pattern 2nd molars
- _____ Lower molar cusp lesions / acid erosion
- _____ Excessive anterior crowding mand/max teeth
- _____ Excessive anterior attrition/wear
- _____ c/o sensitivity/pain to percussioan anterior teeth
- _____ Constricted envelope of function
- _____ Accelerated generalized tooth wear
- _____ Cervical abfraction lesions/recession
- _____ Non-carious sensitivity

- 1. = Baseline**
- 2. = Improvement**
- 3. = Resolution**

FATIGUE SEVERITY SCALE (FSS)

Date _____ Name _____

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."

Read and circle a number.	Strongly Disagree	→	Strongly Agree
1. My motivation is lower when I am fatigued.	1	2	3 4 5 6 7
2. Exercise brings on my fatigue.	1	2	3 4 5 6 7
3. I am easily fatigued.	1	2	3 4 5 6 7
4. Fatigue interferes with my physical functioning.	1	2	3 4 5 6 7
5. Fatigue causes frequent problems for me.	1	2	3 4 5 6 7
6. My fatigue prevents sustained physical functioning.	1	2	3 4 5 6 7
7. Fatigue interferes with carrying out certain duties and responsibilities.	1	2	3 4 5 6 7
8. Fatigue is among my most disabling symptoms.	1	2	3 4 5 6 7
9. Fatigue interferes with my work, family, or social life.	1	2	3 4 5 6 7

VISUAL ANALOGUE FATIGUE SCALE (VAFS)

Please mark an "X" on the number line which describes your global fatigue with 0 being worst and 10 being normal.

0	1	2	3	4	5	6	7	8	9	10

Reflux Symptom Index

How Do the Following Problems Affect You?

0 = No Problem 5 = Severe Problem

1. Hoarseness or a problem with your voice	0	1	2	3	4	5
2. Clearing your throat	0	1	2	3	4	5
3. Excess throat mucous or postnasal drip	0	1	2	3	4	5
4. Difficulty swallowing food, liquids or pills	0	1	2	3	4	5
5. Coughing after you eat or after lying down	0	1	2	3	4	5
6. Breathing difficulties or choking episodes	0	1	2	3	4	5
7. Troublesome or annoying cough	0	1	2	3	4	5
8. Sensations of something sticking in your Throat or a lump in your throat	0	1	2	3	4	5
9. Heartburn, chest pain, indigestion, Or stomach acid coming up	0	1	2	3	4	5

Total =

Note: A total score of 10 or less is normal. A total score of 13 or more suggests laryngopharyngeal reflux.

Symptoms of LRP

Intermittent dysponia (difficulty producing speech)	Yes	No	Maybe
Sialorrhea (Hypersalivation)	Yes	No	Maybe
Cervical dysphagia (Difficulty Swallowing)	Yes	No	Maybe
Dysgeusia (Distorted sense of smell)	Yes	No	Maybe
Halitosis (bad breath)	Yes	No	Maybe
Throat pain	Yes	No	Maybe