*Important Disclaimer: The AADSM Bed Partner Quiz is a model or guideline and does not protect you from general liability for malpractice or negligence in the performance of medical/dental services. Dentists should follow the statutes and case law of individual states where they practice. This quiz is not intended to diagnose a medical condition. Answering the questions on this quiz will help the patient communicate with the dentist or physician to determine if further assessment is needed.*

**Bed Partner Quiz**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your partner?**

|  |  |
| --- | --- |
| **Stop breathing while sleeping** | **❑ Yes****❑ No** |
| **Gasp while sleeping** | **❑ Yes****❑ No** |
|  |  |
| **Tend to fall asleep during the day** | **❑ Yes****❑ No** |
|  |  |
| **Snore loudly and disruptively while sleeping** | **❑ Yes****❑ No** |
| **Grind or clench their teeth while sleeping** | **❑ Yes****❑ No** |
| **Toss and turn while sleeping** | **❑ Yes****❑ No** |
|  |  |

**If you answered yes to any of these questions, your bed partner would benefit from a screening for sleep apnea! Call us today to schedule an appointment!**

*Include Practice/Dentist Contact information here*