

ARE YOU SLEEPING WELL?

Here are a few questions you may want to ask yourself, to help determine if you may have sleep apnea. **Note: If you answer yes to 5 or more symptoms, you could have Obstructive Sleep Apnea (OSA).**

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|-------------------------------------------------------------------------------------|---|---|
| 1. I have been told that I snore. | Y | N |
| 2. I sometimes suffer from daytime sleepiness. | Y | N |
| 3. I have been told that I hold my breath or stop breathing in my sleep. | Y | N |
| 4. I have high blood pressure. | Y | N |
| 5. I toss and turn a lot in my sleep. | Y | N |
| 6. I get up to visit the bathroom more than once a night. | Y | N |
| 7. I often feel sleepy and struggle to stay alert, especially during the afternoons | Y | N |
| 8. I sometimes fall asleep while watching TV. | Y | N |
| 9. I have fallen asleep at a stop light or stop sign or while driving | Y | N |
| 10. I wish I had more energy and less fatigue. | Y | N |
| 11. My neck measures over 17 inches (males) or over 16 inches (females) | Y | N |
| 12. I am more than 15 pounds overweight. | Y | N |
| 13. I seem to be losing my sex drive, or my ability to perform in bed. | Y | N |
| 14. I sometimes get heartburn in the middle of the night. | Y | N |
| 15. I frequently wake with a bad taste in my mouth, or a dry mouth and throat. | Y | N |
| 16. I often get morning headaches. | Y | N |
| 17. I suddenly wake up gasping for breath. | Y | N |
| 18. I sometimes wake up with a pounding or irregular heartbeat. | Y | N |
| 19. I frequently feel depressed. | Y | N |
| 20. My friends and family say I'm sometimes grumpy and irritable. | Y | N |
| 21. I have short term memory problems. | Y | N |
| 22. I don't feel rested or refreshed, even after 8 or 10 hours of sleep. | Y | N |
| 23. I'm tired all the time. | Y | N |
| 24. I have great difficulty concentrating. | Y | N |

Figure 9. Mallampati Scale^[26]

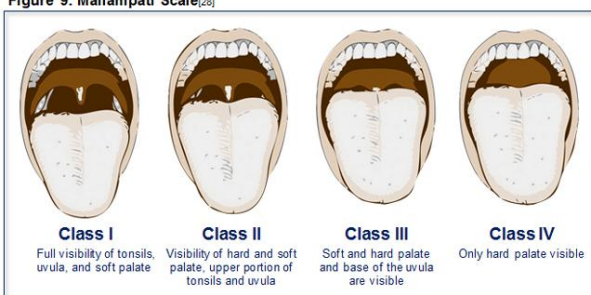


Figure 10. What Do You Do if OSA Is Suspected: STOP-BANG^[27]

▶ STOP Questionnaire	▶ BANG
<ul style="list-style-type: none"> • Snororing • Tiredness • Observed you stop breathing • Blood Pressure 	<ul style="list-style-type: none"> • BMI >35 • Age >50 • Neck circumference >40 cm (>15.7") • Gender male
High risk: Yes to ≥3 items → Refer for sleep testing	

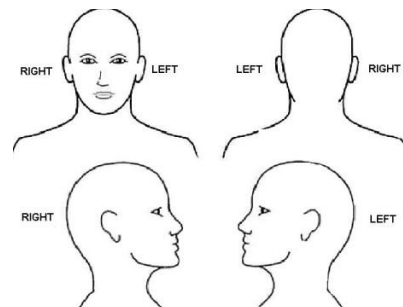
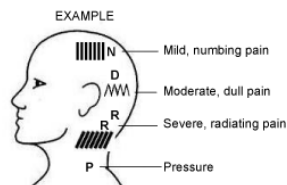
IS YOUR BITE OFF? (TMJ)

Here are a few questions you may want to ask yourself, to help determine if you may have any TMJ symptoms:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| Do you get an unusual amount of headaches? | Y | N |
| Do you have a grating, clicking or popping sound in either or both jaw joints? | Y | N |
| Do you have pain or soreness in any of the following areas: jaw joints, neck, shoulders, back of head, behind the eyes or temples, ears, or upper body? | Y | N |
| Do you ever have ringing, roaring, hissing or buzzing sounds in your ears? | Y | N |
| Do your fingers, hands or arms sometimes tingle or go numb? | Y | N |
| Do you have difficulty in chewing your food? | Y | N |
| Do you have any missing back teeth? | Y | N |
| Do you clench your teeth during the day or at night? | Y | N |
| Do you grind your teeth at night? | Y | N |
| Do you ever awaken with a headache? | Y | N |
| Have you ever had a whiplash injury? | Y | N |
| Have you ever experienced a blow to the chin, face or head? | Y | N |
| Have you reached the point where drugs no longer relieve your symptoms? | Y | N |
| Does chewing gum worsen your symptoms? | Y | N |
| Does your jaw slide to the left or right when you open wide?
(Look in a mirror.) | Y | N |
| Are you unable to insert your first three fingers vertically into your mouth when it is open wide? | Y | N |
| Is your face crooked and not symmetrical? | Y | N |

DRAW YOUR PAIN PATTERNS FOLLOWING THIS KEY:

- | | | |
|---------------|-------------------------------------------------------------------------------------|-------------|
| MILD PAIN |  | B Burning |
| | | D Dull |
| | | N Numbing |
| MODERATE PAIN |  | P Pressure |
| | | S Sharp |
| | | T Tingling |
| SEVERE PAIN |  | R Radiating |



If you answered yes to some of these symptoms, you may have a TMJ disorder (TMD) consult with Dr. Martin N. Gorman for a comprehensive examination.

Pill-free and non-surgical treatments are available for headaches and facial pain, Call **818-995-1891** to find out if Oral Appliance Therapy is the potential solution for your TMJ pain and discomfort.