

Lauren E. Mentasti, DMD, MPH
 Ann M. Sagalyn, DMD
 Samantha G. Weston, DMD



32 East Main Street
 Avon, CT 06001
 Tel: (860) 678-1140
 Fax: (860) 284-4423
 info@SmileAvon.com

Avon Village Family Dentistry

-Watermark Medical ARES Questionnaire-

First Name		Middle Initial		Last Name		Today's Date		Tally ARES Risk Points	
Weight	Pounds		Age		Years		Gender Male <input type="radio"/> Female <input type="radio"/>		Neck Size +2 Male >16.5 +2 Female >15.0
Height	Feet		Inches		Neck Size		Inches		Score
Date of Birth	Month	Day	Year		E-mail				Co-morbidities +1 for each Yes response
Have you been DIAGNOSED OR TREATED for any of the following conditions?									Score
High blood pressure <i>aka Hypertension</i>	Yes <input type="radio"/>	No <input type="radio"/>	Stroke		Yes <input type="radio"/>	No <input type="radio"/>			
Heart disease	Yes <input type="radio"/>	No <input type="radio"/>	Any Mood Disorders e.g., Depression, Anxiety		Yes <input type="radio"/>	No <input type="radio"/>			
Diabetes	Yes <input type="radio"/>	No <input type="radio"/>	Sleep apnea		Yes <input type="radio"/>	No <input type="radio"/>			
Lung disease	Yes <input type="radio"/>	No <input type="radio"/>	Nasal oxygen use		Yes <input type="radio"/>	No <input type="radio"/>			Do not assign any points for these eight responses
Insomnia	Yes <input type="radio"/>	No <input type="radio"/>	Restless syndrome leg		Yes <input type="radio"/>	No <input type="radio"/>			
Narcolepsy	Yes <input type="radio"/>	No <input type="radio"/>	Morning Headaches		Yes <input type="radio"/>	No <input type="radio"/>			
Sleeping Medication	Yes <input type="radio"/>	No <input type="radio"/>	Pain Medication e.g., vicodin, oxycontin		Yes <input type="radio"/>	No <input type="radio"/>			
Epworth Sleepiness Scale: How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you. Use the following scale to mark the most appropriate box for each situation. (M.W. Johns, Sleep 1991)									Epworth Score TOTAL the values from all 8 questions, If 11 or less Score = 0 If 12 or more Score = 2
0 = NO chance of dozing 1 = SLIGHT chance of dozing 2 = MODERATE chance of dozing 3 = HIGH chance of dozing									
Sitting and reading					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Score
Watching TV					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting, inactive, in a public place (theater, meeting, etc)					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
As a passenger in a car for an hour without a break					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lying down to rest in the afternoon when circumstances permit					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting and talking to someone					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting quietly after lunch without alcohol					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
In a car, while stopped for a few minutes in traffic					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Frequency 0 - 1 times/week 1 - 2 times/week 3 - 4 times/week 5 - 7 times/week									Assign points for each of the first three responses
On average in the past month, how often have you snored or been told that you snored? NEVER <input type="radio"/> RARELY + 1 <input type="radio"/> SOMETIMES + 2 <input type="radio"/> FREQUENTLY + 3 <input type="radio"/> ALMOST ALWAYS + 4 <input type="radio"/>									
Do you wake up choking or gasping? NEVER <input type="radio"/> RARELY + 1 <input type="radio"/> SOMETIMES + 2 <input type="radio"/> FREQUENTLY + 3 <input type="radio"/> ALMOST ALWAYS + 4 <input type="radio"/>									
Have you been told that you stop breathing in your sleep or wake up choking or gasping? NEVER <input type="radio"/> RARELY + 1 <input type="radio"/> SOMETIMES + 2 <input type="radio"/> FREQUENTLY + 3 <input type="radio"/> ALMOST ALWAYS + 4 <input type="radio"/>									
Do you have problems keeping your legs still at night or need to move them to feel comfortable? NEVER <input type="radio"/> RARELY + 1 <input type="radio"/> SOMETIMES + 2 <input type="radio"/> FREQUENTLY + 3 <input type="radio"/> ALMOST ALWAYS + 4 <input type="radio"/>									
Signature		Area Code		Phone Number		Total all 6 boxes from above If point total = 4 or 5 (low risk), 6 to 10 (high) and 11 or more (very high risk)		Point Total 	