

## Airway-Centered Disorder (ACD) Screening

Unrecognized ACD has been acknowledged as a significant contributor to many chronic health issues. Identifying patients at risk can improve their health, performance and quality of life by improving their airways.

The following survey may help determine if someone displays signs and symptoms associated with ACD. One or more signs may be indicative of compromised airways and further evaluation is recommended.

This screening is not intended to be a diagnosis of any condition.

### Patient-Reported Data

**Sleep:** Do you have, or have you ever experienced, any of the following conditions:

- |                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Snoring                | <input type="checkbox"/> Restless sleep              |
| <input type="checkbox"/> Trouble falling asleep | <input type="checkbox"/> Wake up feeling unrefreshed |
| <input type="checkbox"/> Trouble staying asleep | <input type="checkbox"/> Nighttime urination         |

**Current Health Conditions:** Do you have, or have you ever experienced, any of the following conditions:

- |                                                 |                                                                  |                                                             |
|-------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> ADD / ADHD / Dyslexia  | <input type="checkbox"/> Facial cosmetic surgery                 | <input type="checkbox"/> Obesity                            |
| <input type="checkbox"/> Allergies              | <input type="checkbox"/> Frequent colds/sore throats/tonsillitis | <input type="checkbox"/> Pain and/or clicking in jaw joint  |
| <input type="checkbox"/> Anxiety                | <input type="checkbox"/> Grinding or clenching of teeth          | <input type="checkbox"/> Previous orthodontics              |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Headache                                | <input type="checkbox"/> PTSD                               |
| <input type="checkbox"/> Birth defects          | <input type="checkbox"/> Headaches                               | <input type="checkbox"/> Speech problems                    |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> High blood pressure                     | <input type="checkbox"/> Sucking habits                     |
| <input type="checkbox"/> Chronic head/neck pain | <input type="checkbox"/> Jaw has "locked" open or closed         | <input type="checkbox"/> Teeth removed by a dentist         |
| <input type="checkbox"/> Chronic pain           | <input type="checkbox"/> Large tonsils or adenoids               | <input type="checkbox"/> Tonsillectomy and/or adenoidectomy |
| <input type="checkbox"/> Daytime fatigue        | <input type="checkbox"/> Memory loss                             | <input type="checkbox"/> Type II diabetes                   |
| <input type="checkbox"/> Depression             | <input type="checkbox"/> Mouth breathing                         | Other: _____                                                |
| <input type="checkbox"/> Digestive issues       | <input type="checkbox"/> Neckache                                |                                                             |
| <input type="checkbox"/> Emotional problems     |                                                                  |                                                             |

### Observational Data:

- |                                                |                                               |                                        |
|------------------------------------------------|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Crowded teeth         | <input type="checkbox"/> Mouth breathing      | <input type="checkbox"/> Tongue thrust |
| <input type="checkbox"/> Deep overbite         | <input type="checkbox"/> Narrow dental arches | <input type="checkbox"/> Tongue tie    |
| <input type="checkbox"/> Forward head position | <input type="checkbox"/> Recessive lower jaw  | <input type="checkbox"/> Tooth wear    |
| <input type="checkbox"/> Head tilted back      | <input type="checkbox"/> Scalloped tongue     | <input type="checkbox"/> Tori          |

Mallampati score: \_\_\_\_\_

## WHAT TO DO NEXT

To learn more about ACD, visit [airwayhealth.org](http://airwayhealth.org). As a provider, you can participate to help these patients by signing our pledge at: [airwayhealth.org/pledge](http://airwayhealth.org/pledge)



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