

PERKINS SLEEP SYMPTOM PROFILE

PSSP

Name _____ DDate _____ Observer _____

Sleep Position _____ Sleep Study _____ AHI _____ PulseOX _____

Follow up Appointments								
Unrefreshed								
Snoring								
Stop Breathing								
Tiredness- Tired eyes								
Restless sleep								
Acid Reflux/Indigestion								
Fibromyalgia								
Backache								
Headaches								
High Blood Pressure								
Depression								
Wake up out of breath								
Jump when going to sleep								
Carpal tunnel syndrome								
Heart problems								
Weight gain								
Night sweats								
No dreams								
Clincher/grinder								

TMD symptoms								
Aligner AM								