

Doctor/Dentist: _____ Pediatrician: _____

Child's Name: _____ Age: _____ Date: _____

Filled Out By: _____ Relationship to Patient: _____

Sleep Disordered Breathing Questionnaire for Children

Please indicate to what degree your child exhibits any of the following symptoms using the scale of severity below. The initial score column should be evaluated and dated at the initial appointment and the follow-up score column should be evaluated and dated after 3 months of treatment by the same person who filled out the initial assessment.

Date of initial Assessment: _____ Date of Follow-up Assessment: _____

Filled out by: _____ Filled out by: _____

0 – Not Present 1 – 2 Mild 3 Moderate 4 – 5 Pronounced

INITIAL SCORE	FOLLOW-UP SCORE	INITIAL SCORE	FOLLOW-UP SCORE
1. _____	_____ Snoring of any kind	16. _____	_____ Falls asleep watching TV
2. _____	_____ Snores infrequently (1 night/week)	17. _____	_____ Wakes up at night
3. _____	_____ Snores fairly often(2-4 nights/week)	18. _____	_____ Attention Deficit
4. _____	_____ Snores habitually (5-7 nights/week)	19. _____	_____ Restless Sleep
5. _____	_____ Labored, difficult, loud breathing at night	20. _____	_____ Grinds Teeth
6. _____	_____ Interrupted snoring where breathing stops 4 or more seconds	21. _____	_____ Frequent throat infections
7. _____	_____ Breathing stops more than 2X an hour	22. _____	_____ Frequent ear infections
8. _____	_____ Hyperactive	23. _____	_____ Feels sleepy/irritable during the day
9. _____	_____ Mouth breathes during the day	24. _____	_____ Has a difficult time listening & Often interrupts
10. _____	_____ Mouth breathes while sleeping	25. _____	_____ Fidgets with hands or doesn't sit quietly. <input type="checkbox"/> Muscular tics <input type="checkbox"/> Restless (wiggles) legs
11. _____	_____ Frequent headaches in morning	26. _____	_____ Wets the bed
12. _____	_____ Allergy symptoms: <input type="checkbox"/> Asthma <input type="checkbox"/> Eczema <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Other: _____	27. _____	_____ Exhibits bluish color at night or during the day
13. _____	_____ Excessive sweating while asleep	28. _____	_____ Nightmares / night terrors
14. _____	_____ Talks in Sleep	29. _____	_____ Exhibits any of the following: <input type="checkbox"/> Rarely smiles <input type="checkbox"/> Feels sad <input type="checkbox"/> Feels depressed
15. _____	_____ Poor ability in school <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Writing <input type="checkbox"/> Spelling <input type="checkbox"/> Reading	30. _____	_____ Speech Problems**

**If scored greater than 0, please continue to speech
Questionnaire on Page 2

Was the reason for coming to this doctor for SLEEP or DENTAL issues? _____

Continued from question #30 on reverse side

Sleep Questionnaire for Children

0 – Not Present 1 – 2 Mild 3 Moderate 4 – 5 Pronounced

Speech Assessment

INITIAL SCORE	FOLLOW-UP SCORE		INITIAL SCORE	FOLLOW-UP SCORE	
1. _____	_____	Do you or others have difficulty understanding your child's speech?	9. _____	_____	Seems winded when increasing volume
2. _____	_____	Difficult to understand over the phone	10. _____	_____	Difficulty with swallowing
3. _____	_____	Uses grunts or screams more than words	11. _____	_____	Stutters
4. _____	_____	Lisp	12. _____	_____	Tourette's Syndrome
5. _____	_____	Hoarseness	13. _____	_____	Family history of a speech or language disorder
6. _____	_____	Nasal Speech	14. _____	_____	Speech therapy?
7. _____	_____	Becomes frustrated when attempting to speak	If so, how long? _____		
8. _____	_____	Often uses words with only 1 or 2 syllables			

Specific Articulation Questions

INITIAL SCORE	FOLLOW-UP SCORE		INITIAL SCORE	FOLLOW-UP SCORE	
1. _____	_____	Child replaces a t, d, n, s, z, th or l" with a "p, b, m, w, f, or v"	6. _____	_____	Child replaces a "ch" or a "j" sound with a "sh, v, f, th, or s"
Example: "hap" for "hat", "kif" for "kiss", "fum" for "thumb", or "bav" for "bath"			Example: "ship" for "chip", "shoo shoo" for "choo choo"		
2. _____	_____	Child replaces an "r" with a "w" or an "L" with a "w" or a "y"	7. _____	_____	Child changes position of a sound within a word
Example: "wabbit" for "rabbit", "yewo" for "yellow", "weg" for "leg", "pway" for "play", "wun" for "run"			Example: "pasghetti" for "spaghetti", "elelant" for "elephant", "baksit" for "basket"		
3. _____	_____	Child replaces an "s, f, v, z, th, j, or h" with a consonant such as "p, b, t, d, k, g".	8. _____	_____	Child inserts "uh" into words
Example: "tock" for "sock", "dump" for "jump", "pan" for "fan", "bat" for "fat"			Example: "Stuh-reet" for "street", "fuh-wog" for "frog", "buh-lue" for "blue", "puh-lease" for "please"		
4. _____	_____	Child replaces a "p, b, m, w, th, f, or v" with a "t, d, s, z, n, or l".	9. _____	_____	Child replaces a "k" or a "g" with a "t" or "d"
Example: "sum" for "thumb", "muhzer" for "mother"			Example: "doat" for "goat", "tuhtie" for "cookie", "tup" for "cup", "hud" for "hug"		
5. _____	_____	Child replaces a "t" or "d" with a "k" or "g".	10. _____	_____	Child replaces a "sh" with an "s"
Example: "gog" for "dog", "cop" for "top", "boke" for "boat", "key" for "tea"			Example: "sue" for "shoe", "sip" for "ship", "mezza" for "measure"		