***C-GASP SCREENER Level 1B***



***(Children’s General Airway Screening Protocol)***

***Developed by the* Children’s Airway Screener Taskforce (CAST) *committee of the ADA***

***\*\*\*\*\* Optimizing Pediatric Airway Health \*\*\*\*\****

**For children ages 2 through 12 years**

**Please fill out the entire questionnaire so we can address health related health issues for your child.**

**DATE \_\_\_\_\_\_\_\_\_ Dr. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Last Degree Specialty**

**Child’s Initials: \_\_\_\_\_\_ Gender (circle): Male / Female Child’s Birth Date: \_\_\_\_\_\_\_\_\_\_\_**

**Relationship to child: Mother❏ Father❏ Guardian❏ Other❏\_\_\_\_\_\_\_ Child Age \_\_\_ years \_\_\_ months**

**Please complete this form by checking “Yes”, “No”, or IDK (“I Don’t Know”) for each question.**

**The 1b questionnaire is provided after one + positive question(s) are recorded from the Level 1A screener.**

**DOES YOUR CHILD:** **YES NO IDK**

1. breath through their mouth while awake? ……………...

2. breath through their mouth while asleep? ……………...

3. snore during sleep or naps? ………………………………

4. have noisy breathing during sleep or naps? ……….………

5. struggle breathing during sleep or naps?.............................

6. stop, gasp or have pauses in breathing during sleep or naps?

7. sleep with their neck extended? ……………………………

8. have Restless Sleep? ………….……………………………

9. grind or clench their teeth during sleep? …………..……..

10. awaken frequently at night? ……………………………….

11. awaken with a dry mouth? …………………………………

12. awaken with sore or achy jaw? …………………………….

13. awaken with headaches? …………………………………..

14. awaken with a stuffy nose? ………………..………………

15. have difficulty awakening in the morning? ..……………..

16. have daytime sleepiness or tiredness during the day? …...

17. daily Behavioral or Emotional issues? ……………………

18. have difficulty with paying attention?.................................

19. have Hyperactivity? ………………………………………..

20. have difficulty at school? …………………………………..

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