healthystart™

Doctor:_____

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

Filled out by: _____ Relationship to Patient: _____

Sleep Disordered Breathing Questionnaire for Children

The initial column should be filled out at first appointment, and the follow up column should be completed after 3 months of treatment. Please identify the following symptoms your child exhibits with the scale indicating severity symptoms.

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

Does your child:

	Initial	Follow Up	
1.	____	____	Snore at all?
2.	____	____	Snore only infrequently (1 night/week)
3.	____	____	Snore fairly often (2-4 nights/week)
4.	____	____	Snore habitually (5-7 nights/week)
5.	____	____	Have labored, difficult, loud breathing at night
6.	____	____	Have interrupted snoring where breathing stops for 4 or more seconds
7.	____	____	Have stoppage of breathing more than 2 times in an hour
8.	____	____	Hyperactive
9.	____	____	Mouth breaths during the day
10.	____	____	Mouth breaths while sleeping
11.	____	____	Frequent headaches in the morning
12.	____	____	Allergic symptoms
13.	____	____	Excessive sweating while asleep
14.	____	____	Talks in sleep
15.	____	____	Poor ability in school
16.	____	____	Falls asleep watching TV
17.	____	____	Wakes up at night
18.	____	____	Attention deficit
19.	____	____	Restless sleep
20.	____	____	Grinds teeth
21.	____	____	Frequent throat infections
22.	____	____	Feels sleepy and/or irritable during the day
23.	____	____	Have a hard time listening and often interrupts
24.	____	____	Fidgets with hands or does not sit quietly
25.	____	____	Ever wets the bed
26.	____	____	Bluish color at night or during the day
27.	____	____	Speech Problems*

* If yes, provide parent speech questionnaire.

Was your reason for coming to this doctor for sleep or dental issues: _____

Speech Questionnaire
To be filled out only if #27 was indicated above

Please Check all that apply to your child:

	Initial	Follow Up	
28.	____	____	Is it difficult to understand your child's speech?
29.	____	____	Difficult to understand over the phone?
30.	____	____	Nasal Speech?
31.	____	____	Speech sounds abnormal?
32.	____	____	Others have difficulty understanding speech?
33.	____	____	Gets frustrated when people can't understand speech?
34.	____	____	Sometimes omits consonants
35.	____	____	Uses M, N, NG, instead of P, F, V, S, Z sounds
36.	____	____	Hoarseness
37.	____	____	Lisp
38.	____	____	Any speech therapy? How long: _____