

Doctor/Dentist: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

# Sleep Disordered Breathing Questionnaire for Children

Earl O. Bergersen, DDS, MSD

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 first 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: \_\_\_\_\_

Not Present: 0      Very Mild: 1      Mild: 2      Moderate: 3      Pronounced: 4      Severe: 5

| INITIAL SCORE | FOLLOW-UP SCORE |  | INITIAL SCORE | FOLLOW-UP SCORE |   |
|---------------|-----------------|--|---------------|-----------------|---|
| 1. _____      | _____           | Snoring of any kind  | 16. _____     | _____           | Falls asleep watching TV  |
| 2. _____      | _____           | Snores only 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. _____      | _____           | Has labored, difficult, loud breathing at night  | 20. _____     | _____           | Grinds teeth  |
| 6. _____      | _____           | Has interrupted snoring where breathing stops for 4 or more seconds  | 21. _____     | _____           | Frequent throat infections  |
| 7. _____      | _____           | Has stoppage of breathing more than 2 times in an hour   | 22. _____     | _____           | Frequent ear infections   |
| 8. _____      | _____           | Hyperactive  | 23. _____     | _____           | Feels sleepy and/or irritable during the day  |
| 9. _____      | _____           | Mouth breathes during day  | 24. _____     | _____           | Has a difficult time listening and often interrupts   |
| 10. _____     | _____           | Mouth breathes while sleeping  | 25. _____     | _____           | Fidgets with hands or does not sit quietly*:<br><input type="checkbox"/> Muscular tics<br><input type="checkbox"/> Restless (wiggles) legs                  |
| 11. _____     | _____           | Frequent headaches in morning  | 26. _____     | _____           | Ever wets the bed   |
| 12. _____     | _____           | Allergy symptoms*:<br><input type="checkbox"/> Asthma <input type="checkbox"/> Eczema<br><input type="checkbox"/> Nasal congestion<br><input type="checkbox"/> Other: _____                          | 27. _____     | _____           | Exhibits bluish color at night or during the day  |
| 13. _____     | _____           | Excessive sweating while asleep  | 28. _____     | _____           | Nightmares and/or night terrors   |
| 14. _____     | _____           | Talks in sleep   | 29. _____     | _____           | Exhibits any of the following*:<br><input type="checkbox"/> Rarely smiles<br><input type="checkbox"/> Feels sad<br><input type="checkbox"/> Feels depressed |
| 15. _____     | _____           | Poor ability in school*:<br><input type="checkbox"/> Math <input type="checkbox"/> Science<br><input type="checkbox"/> Spelling <input type="checkbox"/> Reading<br><input type="checkbox"/> Writing | 30. _____     | _____           | Speech problems**   |

\*\*If scored greater than 0, please continue to Speech Questionnaire on page 2 (reverse side)

\*Please indicate with a  if condition is present

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

Continued from question #30 on reverse side

## Speech Questionnaire for Children

Not Present: 0

Very Mild: 1

Mild: 2

Moderate: 3

Pronounced: 4

Severe: 5

### Speech Assessment

| INITIAL SCORE | FOLLOW-UP SCORE |   | INITIAL SCORE | FOLLOW-UP SCORE |  |
|---------------|-----------------|---|---------------|-----------------|--|
| 1.            | _____           | _____ Do you or do others have difficulty understand your child's speech? | 9.            | _____           | _____ Seems winded when increasing volume                |
| 2.            | _____           | _____ Difficult to understand over the phone                              | 10.           | _____           | _____ Any difficulty in swallowing                       |
| 3.            | _____           | _____ Uses grunts or screams more than words                              | 11.           | _____           | _____ Stutters   |
| 4.            | _____           | _____ Lisp  |               |                 | _____ Any family history of a stutter?                   |
| 5.            | _____           | _____ Hoarseness  |               |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.            | _____           | _____ Nasal speech  | 12.           | _____           | _____ Tourette's Syndrome                                |
| 7.            | _____           | _____ Becomes frustrated when attempting to speak                         | 13.           | _____           | _____ Family history of a speech or language disorder    |
| 8.            | _____           | _____ Often uses words with only 1 or 2 syllables                         | 14.           | _____           | _____ Any speech therapy?                                |
|               |                 |   |               |                 | _____ If so, how long? _____                             |

### 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"<br>Example: "hap" for "hat", "kif" for "kiss", "fum" for "thumb", or "bav" for "bath"             | 6.            | _____           | _____ Child replaces a "ch" or a "j" sound with a "sh, v, f, th, or s"<br>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"<br>Example: "wabbit" for "rabbit", "yewo" for yellow "weg" for "leg", "pway" for "play", "wun, for "run"  | 7.            | _____           | _____ Child changes position of a sound within a word<br>Example: "pasghetti" for "spaghetti", "efelant" for "elephant", "baksit" for "basket" |
| 3.            | _____           | _____ Child replaces a "s, f, v, z, th, j, or h" with a consonant such as "p, b, t, d, k, g"<br>Example: "tock" for "sock", "dump" for "jump", "pan" for fan", "bat" for "fat" | 8.            | _____           | _____ Child inserts "uh" into words<br>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"<br>Example: "sum" for "thumb", "muhzer" for "mother"   | 9.            | _____           | _____ Child replaces a "k" or a "g" with "t" or "d"<br>Example: "doat" for "goat", "tuhtie" for "cookie", "tup" for "cup", "hud" for "hug"     |
| 5.            | _____           | _____ Child replaces a "t" or a "d" with "k" or "g"<br>Example: "gog" for "dog", "cop" for "top", "boke" for "boat", "key" for "tea"   | 10.           | _____           | _____ Child replaces a "sh" with an "s"<br>Example: "sue" for "shoe", "sip" for "ship", "mezza" for "measure"                                  |