

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 dates 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 | 17. | _____ | _____ | Wakes up at night |
| 2. | _____ | _____ | Snores only infrequently (1 night/week) | 18. | _____ | _____ | Attention deficit |
| 3. | _____ | _____ | Snores fairly often (2-4 nights/week) | 19. | _____ | _____ | Restless Sleep |
| 4. | _____ | _____ | Snores habitually (5-7 nights/week) | 20. | _____ | _____ | Grinds Teeth |
| 5. | _____ | _____ | Has labored, difficult, loud breathing at night | 21. | _____ | _____ | Frequent throat or other infections |
| 6. | _____ | _____ | Has interrupted snoring where breathing stops for 4 or more seconds | 22. | _____ | _____ | Frequent ear infections |
| 7. | _____ | _____ | Had stoppage of breathing more than 2 times in an hour | 23. | _____ | _____ | Feels sleepy and/or irritable during the day |
| 8. | _____ | _____ | Hyperactive | 24. | _____ | _____ | Has a difficult time listening and often interrupts |
| 9. | _____ | _____ | Mouth breathes during day | 25. | _____ | _____ | Fidgets with hands or does not sit quietly* <input type="checkbox"/> Nervous muscular tics <input type="checkbox"/> Restless (wiggles) legs |
| 10. | _____ | _____ | Mouth breathes while sleeping | 26. | _____ | _____ | Ever wets the bed |
| 11. | _____ | _____ | Frequent headaches in morning | 27. | _____ | _____ | Exhibits bluish color at night or during the day or under eyes |
| 12. | _____ | _____ | Allergic symptoms <input type="checkbox"/> Food allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Eczema <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Seasonal <input type="checkbox"/> Animal <input type="checkbox"/> Other: | 28. | _____ | _____ | Nightmares and/or night terrors |
| 13. | _____ | _____ | Excessive sweating while asleep | 29. | _____ | _____ | Exhibits any of the following*: <input type="checkbox"/> Rarely smiles <input type="checkbox"/> Feels sad <input type="checkbox"/> Feels depressed |
| 14. | _____ | _____ | Talks or walks in sleep | 30. | _____ | _____ | Speech problems** |
| 15. | _____ | _____ | Poor ability in school* <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Spelling <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Behavior Problems | 31. | _____ | _____ | Nasal breathing difficult <input type="checkbox"/> Normal nasal breathing <input type="checkbox"/> Can't breathe through nose |
| 16. | _____ | _____ | Falls asleep watching TV or at school | 32. | _____ | _____ | Resists routines and directions |

Based on Sahin et al, 2009; and Urschitz et al, 2004; AM Thoracic Soc Stand, 1996; Attanasio et al, 2010 © by Ortho-Tain® Inc. 2020 Printed in USA

*Please indicate with a X if condition is present
** If scored greater than 0, please continue to Speech Questionnaire on page 2 (reverse side) Please indicate with a X if condition is present Revised 12/2020

Continued from question #30 on reverse side

Speech Questionnaire for Children

Earl O. Bergersen, DDS, MSD

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 | |
|---------------|-----------------|---|---------------|-----------------|--|
| 33. | _____ | Do you or do others have difficulty understand your child's speech? | 41. | _____ | Seems winded when increasing volume |
| 34. | _____ | Difficult to understand over the phone | 42. | _____ | Any difficulty in swallowing |
| 35. | _____ | Uses grunts or screams more than words | 43. | _____ | Stutters |
| 36. | _____ | Lisp | | | Any family history of a stutter? |
| 37. | _____ | Hoarseness | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. | _____ | Nasal speech | 44. | _____ | Tourette's Syndrome |
| 39. | _____ | Becomes frustrated when attempting to speak | 45. | _____ | Family history of a speech or language disorder |
| 40. | _____ | Often uses words with only 1 or 2 syllables | 46. | _____ | Any speech therapy? |
| | | | | | If so, how long? _____ |

Specific Articulation Questions

| INITIAL SCORE | FOLLOW-UP SCORE | | INITIAL SCORE | FOLLOW-UP SCORE | |
|---------------|-----------------|--|---------------|-----------------|--|
| 47. | _____ | Child replaces a "t, d, n, s, z, th or l" with a "p, b, m, w, f, or v" Example: "hap" for "hat", "kif" for "kiss", "fum" for "thumb", or "bav" for "bath" | 52. | _____ | Child replaces a "ch" or a "j" sound with a "sh, v, f, th, or s" Example: "ship" for "chip", "shoo shoo" for "choo choo" |
| 48. | _____ | Child replaces an "r" with a "w" or an "L" with a "w" or a "y" Example: "wabbit" for "rabbit", "yewo" for yellow "weg" for "leg", "pway" for "play", "wun, for "run" | 53. | _____ | Child changes position of a sound within a word Example: "pasghetti" for "spaghetti", "efelant" for "elephant", "baksit" for "basket" |
| 49. | _____ | Child replaces a "s, f, v, z, th, j, or h" with a consonant such as "p, b, t, d, k, g" Example: "tock" for "sock", "dump" for "jump", "pan" for fan", "bat" for "fat" | 54. | _____ | Child inserts "uh" into words Example: "stuh-reet" for "street", "fuh-wog" for "frog", "buh-lue" for "blue", "puh-lease" for "please" |
| 50. | _____ | Child replaces a "p, b, m, w, th, f, or v" with a "t, d, s, z, n, or l" Example: "sum" for "thumb", "muhzer" for "mother" | 55. | _____ | Child replaces a "k" or a "g" with "t" or "d" Example: "doat" for "goat", "tuhtie" for "cookie", "tup" for "cup", "hud" for "hug" |
| 51. | _____ | Child replaces a "t" or a "d" with "k" or "g" Example: "gog" for "dog", "cop" for "top", "boke" for "boat", "key" for "tea" | 56. | _____ | Child replaces a "sh" with an "s" Example: "sue" for "shoe", "sip" for "ship", "mezza" for "measure" |