

pediatric sleep QUESTIONNAIRE



Please complete this form as accurately and honestly as possible. In our practice we are very interested in our patients' overall health...orthodontics is about much more than straight teeth, and orthodontic treatment can be an important part of managing the health problems caused by sleep and breathing disorders.

PATIENT NAME DATE

- While sleeping, does your child snore more than half the time?
- While sleeping, does your child always snore?
- While sleeping, does your child snore loudly?
- While sleeping, does your child have "heavy" or loud breathing?
- While sleeping, does your child have trouble breathing, or struggle to breathe?
- While sleeping, does your child suck fingers, thumb, or an object?
- Have you ever seen your child stop breathing during the night?
- Does your child occasionally wet the bed, sleepwalk, or have night terrors? (Circle any that apply.)
- Does your child tend to breathe through the mouth during the day?
- Does your child have a dry mouth when waking up in the morning?
- Does your child wake up unrefreshed in the morning?
- Does your child wake up with headaches in the morning?
- Is it hard to wake up your child in the morning?
- Does your child have a problem with sleepiness during the day?
- Has a teacher or supervisor ever commented that your child appears sleepy during the day?
- Did your child stop growing at a normal rate at any time since birth?
- Is your child overweight?
- Does your child often not seem to listen when spoken to directly?
- Does your child often have difficulty organizing tasks and activities?
- Is your child often distracted easily by extraneous stimuli?
- Does your child often fidget with hands or feet, or squirm in a seat?
- Does your child often act "on the go" or often act as if "driven by a motor"?
- Does your child often interrupt or intrude on others (butt into conversations or games)?

TOTAL SCORE =

SPECIALIST IN
ORTHODONTICS FOR
CHILDREN AND
ADULTS