

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	
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" 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" 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" 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 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" Example: "tock" for "sock", "dump" for "jump", "pan" for fan", "bat" for "fat"	8.	_____	_____ Child inserts "uh" into words 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" Example: "sum" for "thumb", "muhzer" for "mother"	9.	_____	_____ Child replaces a "k" or a "g" with "t" or "d" 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" Example: "gog" for "dog", "cop" for "top", "boke" for "boat", "key" for "tea"	10.	_____	_____ Child replaces a "sh" with an "s" Example: "sue" for "shoe", "sip" for "ship", "mezza" for "measure"