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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

1. _____ _____ Snoring of any kind
2. _____ _____ Snores only infrequently (1 night/week)
3. _____ _____ Snores fairly often (2-4 nights/week)
4. _____ _____ Snores habitually (5-7 nights/week)
5. _____ _____ Has labored, difficult, loud breathing at night
6. _____ _____ Has interrupted snoring where breathing stops for 4 or more seconds
7. _____ _____ Has stoppage of breathing more than 2 times in an hour
8. _____ _____ Hyperactive
9. _____ _____ Mouth breathes during day
10. _____ _____ Mouth breathes while sleeping
11. _____ _____ Frequent headaches in morning
12. _____ _____ Allergy symptoms*:
    ☐ Asthma ☐ Eczema
    ☐ Nasal congestion
    ☐ Other: _____
13. _____ _____ Excessive sweating while asleep
14. _____ _____ Talks in sleep
15. _____ _____ Poor ability in school*:
    ☐ Math ☐ Science
    ☐ Spelling ☐ Reading
    ☐ Writing

*Please indicate with a ☒ if condition is present

16. _____ _____ Falls asleep watching TV
17. _____ _____ Wakes up at night
18. _____ _____ Attention deficit
19. _____ _____ Restless sleep
20. _____ _____ Grinds teeth
21. _____ _____ Frequent throat infections
22. _____ _____ Frequent ear infections
23. _____ _____ Feels sleepy and/or irritable during the day
24. _____ _____ Has a difficult time listening and often interrupts
25. _____ _____ Fidgets with hands or does not sit quietly*:
    ☐ Muscular tics
    ☐ Restless (wiggles) legs
26. _____ _____ Ever wets the bed
27. _____ _____ Exhibits bluish color at night or during the day
28. _____ _____ Nightmares and/or night terrors
29. _____ _____ Exhibits any of the following*:
    ☐ Rarely smiles
    ☐ Feels sad
    ☐ Feels depressed
30. _____ _____ **Speech problems****

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

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

Revised 10/2019

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

1. _____ _____ Do you or do others have difficulty understand your child's speech?
2. _____ _____ Difficult to understand over the phone
3. _____ _____ Uses grunts or screams more than words
4. _____ _____ Lisp
5. _____ _____ Hoarseness
6. _____ _____ Nasal speech
7. _____ _____ Becomes frustrated when attempting to speak
8. _____ _____ Often uses words with only 1 or 2 syllables

9. _____ _____ Seems winded when increasing volume
10. _____ _____ Any difficulty in swallowing
11. _____ _____ Stutters
   Any family history of a stutter?
   ☐ Yes   ☐ No
12. _____ _____ Tourette's Syndrome
13. _____ _____ Family history of a speech or language disorder
14. _____ _____ Any speech therapy?
   If so, how long? _____

Specific Articulation Questions

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"

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"

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"

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"

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"

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"

7. _____ _____ Child changes position of a sound within a word
   Example: "pasghetti" for "spaghetti", "efelant" for "elephant", "baksit" for "basket"

8. _____ _____ Child inserts "uh" into words
   Example: "stuh-reet" for "street", "fuh-wog" for "frog", "buh-lue" for "blue", "puh-lease" for "please"

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"

10. _____ _____ Child replaces a "sh" with an "s"
   Example: "sue" for "shoe", "sip" for "ship", "mezza" for "measure"