Patient Form

healthystart®

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
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**

*Please indicate with a [X] if condition is present

**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? _____

Based on Sahin et al, 2009; and Urschitz et al, 2004; AM Thoracic Soc Stand, 1996; Attanasio et al, 2010

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Patient Form

Continued from question #30 on reverse side

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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

	INITIAL SCORE	FOLLOW-UP SCORE	
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"

	INITIAL SCORE	FOLLOW-UP SCORE	
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"

Based on Bauman-Waegler, J.A. 2012, Bernthal, et al. 2013, Bowen 1998, and Grunwell 1997
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