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

INITIAL SCORE   **FOLLOW-UP SCORE**

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

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"

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