

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	INITIAL SCORE	FOLLOW-UP SCORE
1. _____	_____	17. _____	_____
2. _____	_____	18. _____	_____
3. _____	_____	19. _____	_____
4. _____	_____	20. _____	_____
5. _____	_____	21. _____	_____
6. _____	_____	22. _____	_____
7. _____	_____	23. _____	_____
8. _____	_____	24. _____	_____
9. _____	_____	25. _____	_____
10. _____	_____	26. _____	_____
11. _____	_____	27. _____	_____
12. _____	_____	28. _____	_____
13. _____	_____	29. _____	_____
14. _____	_____	30. _____	_____
15. _____	_____	31. _____	_____
16. _____	_____	32. _____	_____

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. \_\_\_\_\_ Had 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. \_\_\_\_\_ Allergic symptoms  
     ☐ Food allergies   ☐ Asthma  
     ☐ Eczema       ☐ Nasal Congestion  
     ☐ Seasonal       ☐ Animal       ☐ Other:  
 13. \_\_\_\_\_ Excessive sweating while asleep  
 14. \_\_\_\_\_ Talks or walks in sleep  
 15. \_\_\_\_\_ Poor ability in school\*  
     ☐ Math   ☐ Science  
     ☐ Spelling   ☐ Reading  
     ☐ Writing   ☐ Behavior Problems  
 16. \_\_\_\_\_ Falls asleep watching TV or at school  
 17. \_\_\_\_\_ Wakes up at night  
 18. \_\_\_\_\_ Attention deficit  
 19. \_\_\_\_\_ Restless Sleep  
 20. \_\_\_\_\_ Grinds Teeth  
 21. \_\_\_\_\_ Frequent throat or other 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\*  
     ☐ Nervous muscular tics  
     ☐ Restless (wiggles) legs  
 26. \_\_\_\_\_ Ever wets the bed  
 27. \_\_\_\_\_ Exhibits bluish color at night or during the day or under eyes  
 28. \_\_\_\_\_ Nightmares and/or night terrors  
 29. \_\_\_\_\_ Exhibits any of the following\*:  
     ☐ Rarely smiles  
     ☐ Feels sad  
     ☐ Feels depressed  
 30. \_\_\_\_\_ Speech problems\*\*  
 31. \_\_\_\_\_ Nasal breathing difficult  
     ☐ Normal nasal breathing  
     ☐ Can't breathe through nose  
 32. \_\_\_\_\_ Resists routines and directions

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	
33. _____	_____	Do you or do others have difficulty understand your child's speech?	41. _____	_____	Seems winded when increasing volume
34. _____	_____	Difficult to understand over the phone	42. _____	_____	Any difficulty in swallowing
35. _____	_____	Uses grunts or screams more than words	43. _____	_____	Stutters
36. _____	_____	Lisp			Any family history of a stutter?
37. _____	_____	Hoarseness			<input type="checkbox"/> Yes <input type="checkbox"/> No
38. _____	_____	Nasal speech	44. _____	_____	Tourette's Syndrome
39. _____	_____	Becomes frustrated when attempting to speak	45. _____	_____	Family history of a speech or language disorder
40. _____	_____	Often uses words with only 1 or 2 syllables	46. _____	_____	Any speech therapy?
					If so, how long? _____

## Specific Articulation Questions

INITIAL SCORE	FOLLOW-UP SCORE		INITIAL SCORE	FOLLOW-UP SCORE	
47. _____	_____	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"	52. _____	_____	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"
48. _____	_____	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"	53. _____	_____	Child changes position of a sound within a word Example: "pasghetti" for "spaghetti", "efelant" for "elephant", "baksit" for "basket"
49. _____	_____	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"	54. _____	_____	Child inserts "uh" into words Example: "stuh-reet" for "street", "fuh-wog" for "frog", "buh-lue" for "blue", "puh-lease" for "please"
50. _____	_____	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"	55. _____	_____	Child replaces a "k" or a "g" with "t" or "d" Example: "doat" for "goat", "tuhtie" for "cookie", "tup" for "cup", "hud" for "hug"
51. _____	_____	Child replaces a "t" or a "d" with "k" or "g" Example: "gog" for "dog", "cop" for "top", "boke" for "boat", "key" for "tea"	56. _____	_____	Child replaces a "sh" with an "s" Example: "sue" for "shoe", "sip" for "ship", "mezza" for "measure"