

Dear Parent,

As part of the comprehensive services provided at Dental Buddies and Dental Partners we are asking all patients to include a Sleep Disordered Breathing Questionnaire with their Health History. This questionnaire will give us an overall evaluation of your child's sleeping patterns and patterns of their daily living. Studies show that an estimated 9 out of 10 children suffer from sleep disordered breathing, interrupted sleep, that leads to numerous health concerns. Our goal is to assist our patients through diagnosis and a treatment plan that if instituted will provide long-term health benefits.

We look forward to reviewing this evaluation with you. Thank you.

Today's date: _____

Patient: _____

DOB: _____ Age: _____

Completed by: _____

Relation to patient: _____

Sleep Disordered Breathing Questionnaire For Children

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 the first appointment with us and the follow-up score column should be evaluated and dated, after 3 months of treatment, by the same person who completed the initial assessment.

Not Present: 0		Very Mild: 1	Mild: 2	Moderate: 3	Pronounced: 4	Severe: 5
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Initial Score	Follow-Up Score		Initial Score	Follow-Up Score	
1. _____	_____	Snoring of any kind	16. _____	_____	Falls asleep watching TV
2. _____	_____	Snores infrequently (1 night per week)	17. _____	_____	Wakes up at night
3. _____	_____	Snores often (2-4 nights per week)	18. _____	_____	Attention deficit
4. _____	_____	Snores habitually (5-7 nights per week)	19. _____	_____	Restless sleep
5. _____	_____	Has labored, difficult, loud breathing at night	20. _____	_____	Grinds teeth
6. _____	_____	Has interrupted snoring, breathing stops for more than 4 or more seconds	21. _____	_____	Frequent throat infections
7. _____	_____	Has stoppage of breathing more than 2 times in an hour	22. _____	_____	Frequent ear infections
8. _____	_____	Hyperactive	23. _____	_____	Feels sleepy and /or irritable during the day
9. _____	_____	Mouth breathes during the day	24. _____	_____	Difficult time listening and often interrupts
10. _____	_____	Mouth breathes while sleeping	25. _____	_____	Fidgets with hands and does not sit quietly <i>(please check all that apply)</i>
11. _____	_____	Frequent headaches in the morning			<input type="checkbox"/> Muscular tics
12. _____	_____	Allergy symptoms <i>(please check all that apply)</i>			<input type="checkbox"/> Restless (wiggles) legs
		<input type="checkbox"/> Asthma <input type="checkbox"/> Eczema	26. _____	_____	Wets bed
		<input type="checkbox"/> Nasal congestion	27. _____	_____	Blush color at night or during the day
		Other _____	28. _____	_____	Nightmares and/or night terrors
13. _____	_____	Excessive sweating	29. _____	_____	Exhibits any of the following <i>(please check all that apply)</i>
14. _____	_____	Talks in sleep			<input type="checkbox"/> Rarely smiles <input type="checkbox"/> Feels sad
15. _____	_____	Poor ability in school <i>(please check all that apply)</i>			<input type="checkbox"/> Feels depressed
		<input type="checkbox"/> Math <input type="checkbox"/> Science	30. _____	_____	Speech Problems
		<input type="checkbox"/> Spelling <input type="checkbox"/> Writing			If scored greater than 0 for Speech Problems please continue to the 2nd page of the Healthy Start Questionnaire.
		<input type="checkbox"/> Reading <input type="checkbox"/> Other			

If you answered that you feel your child has a speech delay or problem on the first page of this questionnaire please complete the following questions to the best of your ability.

We look forward to reviewing this evaluation with you. Thank you.

Patient: _____

Completed by: _____

Today's date: _____

DOB: _____ Age: _____

Relation to patient: _____

Speech Questionnaire Further Speech Assessment For Children

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. _____	_____	Do you or others have difficulty understanding your child's speech?	9. _____	_____	Seems winded when increases volume?
2. _____	_____	Is it difficult to understand the child over the phone?	10. _____	_____	Any difficulty in swallowing?
3. _____	_____	Does the child use grunts or screams more than words?	11. _____	_____	Do you think your child has a stutter?
4. _____	_____	Lisp?	_____	_____	Any family history of a stutter? Y/N
5. _____	_____	Hoarseness?	12. _____	_____	Tourette's syndrome?
6. _____	_____	Nasal speech?	13. _____	_____	Family history of a speech or language disorder?
7. _____	_____	Has frustration when attempting to speak?	14. _____	_____	Any speech therapy? If so for how long? _____
8. _____	_____	Often uses words with only 1 or 2 syllables?			

Specific Articulate Questions

Not Present: 0 Very Mild: 1 Mild: 2 Moderate: 3 Pronounced: 4 Severe: 5

Does your child present with any of the following speech patterns?

1. _____	_____	hap for hat, kif for kiss, fum for thumb, or bav for bath Child replaces a t, d, n, s, z, th, with a p, b, m, w, f, or v	6. _____	_____	ship for chip, shoo shoo for choo choo Child replaces a ch or a j sound with a sh, v, f, th, or s
2. _____	_____	wabbit for rabbit, yewo for yellow, weg for leg, pway for play, wun for run Child replaces an r with a w or an L with a w or a y	7. _____	_____	pasghetti for spaghetti, efelant fot elephant, baksit for basket Child changes position of a sound within a word
3. _____	_____	tock for sock, dumb for jump, pan for fan, bat for fat Child replaces a s, f, v, z, th, j, or h with a consonant such as p, b, t, d, k, g	8. _____	_____	Stuh-reet for street, fuh-wong for frog, buh-lue for blue, puh-lease for please Child inserts uh into words
4. _____	_____	Sum for thum, muhzer for mother Child replaces a p, b, m, w, th, f, or v with a t, d, s, z, n, or L	9. _____	_____	Doat for goat, tuhtie for cookie, tuo for cup, hud for hug Child replaces a k or a g with a t or d
5. _____	_____	gog for dog, cop for top, boke for for boat, key for tea Child replaces a t or a d with k or g	10. _____	_____	Sue for shoe, sip for ship, Mezza for measure Child replaces a sh with a s