Patient Form

Doctor/Dentist:

Patient's Name: _____

Relationship to Patient: _____

____ DOB: _____ Pediatrician:

Age: _____

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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: Filled Out By:					Date of Follow-up Assessment: Filled Out By:			
	Not P	Present: 0	Very Mild: 1	Mild: 2	Moderat	e: 3	Pronounced: 4	Severe: 5
	INITIAL SCORE	FOLLOW-UP SCORE			INITIAL SCORE	FOLLOW SCORE	/-UP	
9. 10. 11. 12. 13. 14.		Snor week Snor week Snor Week Snor Has I breat breat seco Has s than Hype Mour Mour Mour Strequ Mour Callere	es fairly often (2-4 es fairly often (2-4 abored, difficult, lo ching at night nterrupted snoring ching stops for 4 o nds stoppage of breath 2 times in an hour eractive th breathes during th breathes while s uent headaches in gy symptoms*: Asthma	nights/ nights/week) oud g where r more ning more day sleeping morning ma ile asleep	16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27.		Falls asleep watchin Wakes up at night Attention deficit Restless sleep Grinds teeth Frequent throat infe Feels sleepy and/or the day Has a difficult time l often interrupts Fidgets with hands of quietly*: Muscular tics Restless (wiggle Ever wets the bed Exhibits bluish color during the day Nightmares and/or Exhibits any of the for Rarely smiles Feels sad Feels depressed	ections ons irritable during istening and or does not sit es) legs r at night or night terrors ollowing*:
		Math ☐ Science ☐ Spelling ☐ Readin ☐ Writing *Please indicate with a X if condition				1	**If scored greater than 0, ple Questionnaire on page 2 (reve	
		*Please	indicate with a 🔀 if cond	ition is present				

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 © by Ortho-Tain[®], Inc. 2019

Patient Form

Continued from question #30 on reverse side

Speech Questionnaire for Children

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