

Pediatric Sleep Questionnaire

Patient Name _____ Date _____

Please fill out this form as accurately and honestly as possible. In our practice, we are very interested in our patients' overall health. Orthodontic treatment can be an important part of managing the health problems caused by sleep and breathing disorders.

- | | | | |
|-------|-------|-------|--|
| Yes | No | ? | |
| _____ | _____ | _____ | While sleeping, does your child snore more than half the time? |
| _____ | _____ | _____ | While sleeping, does your child always snore? |
| _____ | _____ | _____ | While sleeping, does your child snore loudly? |
| _____ | _____ | _____ | While sleeping, does your child have "heavy" or loud breathing? |
| _____ | _____ | _____ | While sleeping, does your child have trouble breathing, or struggle to breathe? |
| _____ | _____ | _____ | Have you ever seen your child stop breathing during the night? |
| _____ | _____ | _____ | Does your child occasionally wet the bed, sleepwalk, or have night terrors (circle any)? |
| _____ | _____ | _____ | Does your child tend to breathe through the mouth during the day? |
| _____ | _____ | _____ | Does your child have a dry mouth on waking in the morning? |
| _____ | _____ | _____ | Does your child wake up unrefreshed in the morning? |
| _____ | _____ | _____ | Does your child wake up with headaches in the morning? |
| _____ | _____ | _____ | Is it hard to wake up your child in the morning? |
| _____ | _____ | _____ | Does your child have a problem with sleepiness during the day? |
| _____ | _____ | _____ | Has a teacher or supervisor commented – your child appears sleepy during the day? |
| _____ | _____ | _____ | Did your child stop growing at a normal rate at any time since birth? |
| _____ | _____ | _____ | Is your child overweight? |
| _____ | _____ | _____ | This child often does not seem to listen when spoken to directly |
| _____ | _____ | _____ | This child often has difficulty organizing tasks and activities |
| _____ | _____ | _____ | This child often is easily distracted by extraneous stimuli |
| _____ | _____ | _____ | This child often fidgets with hands or feet, or squirms in seat |
| _____ | _____ | _____ | This child often is "on the go" or often acts as if "driven by a motor" |
| _____ | _____ | _____ | This child often interrupts or intrudes on others (butts into conversations or games) |

Total Score = _____

Ronald D. Chervin, et al Arch Otolaryngol Head Neck Surg. 2007;133(3):216-222

Orthodontic Health History

Birth History

- _____ Adopted
- _____ Difficult Labor
- _____ Forceps
- _____ Cesarean Section
- _____ Nursed (how long) _____
- _____ Bottle fed
- _____ Pacifier

Hobbies, interests

Habits

- _____ Thumb or finger sucking
- _____ Nail biting
- _____ Lip/tongue/cheek sucking, thrusting or biting
- _____ Pencil biting
- _____ Chew on one side or the other
- _____ Musical instrument _____
- _____ Walk erect _____ sit and stand up straight
- _____ Sleep on right left chin back
- _____ Lean on right left chin back
- _____ Difficulty in swallowing or chewing, open mouth chewing

At Dr. Hockel's, Orthodontics is MUCH more than straightening teeth.