

PEDIATRIC SLEEP, BREATHING & SPEECH SCREENING 02-16-19

Patient's Name _____ DOB _____ Age _____ Date _____

Parent _____ Relationship _____ Phone _____

If a child has difficulty breathing while asleep, that can result in a lack of good sleep which then can contribute to serious physical and mental health concerns.

SYMPTOMS *How often does your child demonstrate the following symptoms?*

A = Does not occur B = Rarely C = 2 to 4 times a week D = 5 to 7 times a week, always

- | | |
|---|--|
| <input type="checkbox"/> Has trouble going to sleep; insomnia | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Takes a medication or supplement to help go to sleep | <input type="checkbox"/> Chronic allergies |
| <input type="checkbox"/> Snores | <input type="checkbox"/> Chronic ear or throat infections |
| <input type="checkbox"/> Gasps for breath while asleep, stops breathing | <input type="checkbox"/> Tonsil/adenoid infections |
| <input type="checkbox"/> Loud or difficult breathing while asleep | <input type="checkbox"/> Delayed growth |
| <input type="checkbox"/> Mouth breathes while sleeping | <input type="checkbox"/> Crowded teeth |
| <input type="checkbox"/> Restless sleep | <input type="checkbox"/> Difficulty concentrating, focusing |
| <input type="checkbox"/> Grinds teeth while sleeping | <input type="checkbox"/> Difficulty listening, often interrupts |
| <input type="checkbox"/> Talks in sleep | <input type="checkbox"/> ADD/ADHD, hyperactive |
| <input type="checkbox"/> Nightmares, restless sleep | <input type="checkbox"/> Anger, aggression |
| <input type="checkbox"/> Excessive sweating while sleeping | <input type="checkbox"/> Irritability, easily frustrated |
| <input type="checkbox"/> Wakes up during the night | <input type="checkbox"/> Avoids certain foods or types of foods |
| <input type="checkbox"/> Wets the bed (currently) | <input type="checkbox"/> Hyper sensitivity to smells, taste, noises or touch |
| <input type="checkbox"/> History of bedwetting | <input type="checkbox"/> Struggles in math &/or reading |
| <input type="checkbox"/> Feels sleepy, tired during the day | <input type="checkbox"/> Dark circles under eyes |

SPEECH *Please answer "Y" or "N" to indicate if this statement describes your child.*

- | | |
|---|--|
| <input type="checkbox"/> Difficult for you to understand your child's speech
<input type="checkbox"/> In person <input type="checkbox"/> Over the phone | <input type="checkbox"/> Nasal-sounding tone of voice |
| <input type="checkbox"/> Difficult for others to understand your child's speech
<input type="checkbox"/> In person <input type="checkbox"/> Over the phone | <input type="checkbox"/> Sometimes does not pronounce consonants |
| <input type="checkbox"/> Child gets frustrated when people can't understand their speech | <input type="checkbox"/> Used M, N, NG instead of P. V. S. Z sounds |
| <input type="checkbox"/> Speech sounds abnormal, pronounces words differently than other children of similar age | <input type="checkbox"/> Frequent hoarseness |
| | <input type="checkbox"/> Swallowing problems with liquids and solids getting into nose |

*At **Flower Dental**, we believe that each patient is a unique, special individual.
We care for and about the **whole person** –not just their teeth and gums.*

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Crooked or crowded teeth in children is often the result of underdeveloped upper and lower jaws.

The most important stages of growth for your child's face and jaws occurs during childhood.

Early diagnosis and treatment may improve your child's overall health and wellness and may prevent future problems.