



bauer orthodontics

Pediatric Airway and Sleep Questionnaire

Patient Name/DOB: _____ Date: _____

	Yes	No	Don't Know
While sleeping, does your child...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have trouble breathing or struggle to breath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stop breathing during the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have "heavy" or loud breathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
snore regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
snore loudly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
snore more than half the time? appear to be a restless sleeper? child kick during sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have nightmares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
scream in their sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
grind their teeth during sleep? sleepwalk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
occasionally wet the bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upon awakening, does your child...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have a dry mouth in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tend to breathe through the mouth during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wake up feeling un-refreshed in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have a problem with sleepiness during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have trouble getting going in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wake up with headaches in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you noticed that your child...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
does not seem to listen when spoken to directly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has difficulty organizing tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is easily distracted by extraneous stimuli?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fidgets with hands or feet or squirms in seat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interrupts or intrudes on others (e.g. butts into conversations or games)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has a teacher or other supervisor comment that your child appears sleepy during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has been diagnosed with ADD, ADHD or another learning disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additionally...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
did your child stop growing at a normal rate at any time since birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is your child overweight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
does your child have tired eyes/dark circles under the eyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
does your child have flat cheeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
does your child have excess gum tissue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
does your child's teeth seem crooked or misaligned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
does your child have allergies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
does your child have frequent colds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
does your child have trouble breathing through the nose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
does your child have difficulty with pronunciation or other speech problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>