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Evaluation for sleep disordered breathing: Sleep deprived children suffer many of these symptoms due to compromised airway opening. This can result in reduced oxygen, air flow and increased carbon dioxide, swollen tonsils and adenoids, orthodontic problems, brain and immune system problems.

1. ___ Your child uses or used a pacifier for more than 6 months of age
2. ___ Your child successfully was able to breast feed. How long ___
3. ___ Your child was bottle fed exclusively
4. ___ Your child was bottle fed until age ___
5. ___ Your child has primarily a soft diet

Please indicate the degree of any problems by choosing from the following symptoms severity.

0 = not a problem 1 = occasionally 2 = moderate 3 = significant

- | | |
|---|--|
| 1. ___ Snoring during the night | 16. ___ Aggressive behavior |
| 2. ___ Mouth breathing when sleeping | 17. ___ Irritability and/or anger |
| 3. ___ Mouth breathing during the day | 18. ___ Taking any medicine for behavior modification |
| 4. ___ Wakes up frequently at night | 19. ___ Has had multiple throat infections |
| 5. ___ Wanders all over the bed at night | 20. ___ Gags on food |
| 6. ___ Sleeps in the teepee position | 21. ___ Is a picky eater |
| 7. ___ Grinds teeth at night | 22. ___ Dark circles under eyes |
| 8. ___ Restless sleeper | 23. ___ Fidgets with hands |
| 9. ___ Talks in their sleep | 24. ___ Bedwetting |
| 10. ___ Signs or diagnosis of hyperactivity | 25. ___ Excessive sweating during the night |
| 11. ___ Falls asleep watching TV | 26. ___ Sleep apnea or stops breathing for short periods |
| 12. ___ Wakes up in the morning with a headache | 27. ___ Delayed or stunted growth |
| 13. ___ Does poorly in school | 28. ___ Sleep walking |
| 14. ___ Considered hyperactive | 29. ___ Lips open while relaxed |
| 15. ___ Diagnosis of ADD or ADHD | |

Speech Questionnaire

- | | |
|---|---|
| 1. ___ Do you have a hard time understanding your child's speech? | 5. ___ Does your child speak with a nasal tone? |
| 2. ___ Do other people have a difficult time understanding your child's speech? | 6. ___ Does your child speak with hoarseness? |
| 3. ___ Does your child speak with a lisp? | 7. ___ Delayed speech? |
| 4. ___ Does your child get upset or frustrated when others can't understand them when speaking? | 8. ___ Has your child undergone any speech therapy? If yes, how long? _____ |