

# Sleep, Breathing & Habit Questionnaire

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate if your child experiences or has experienced any of the symptoms below by using this scale to measure the severity of these symptoms.

**0 - No Occurrence    1 - Occurs Rarely    2 - Occurs 2 to 4 times per week    3 - Occurs 5 to 7 times per week**

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|--|---|
| 1. _____ Snoring                                       | 15. _____ Headaches   |
| 2. _____ Interrupted snoring where breathing stops     | 16. _____ Frequent throat infections                                  |
| 3. _____ Labored, difficult or loud breathing at night | 17. _____ Seasonal allergies  |
| 4. _____ Gasping for air while sleeping                | 18. _____ Ear infections or history of ear infections                 |
| 5. _____ Mouth breathes while sleeping                 | 19. _____ Short attention span  |
| 6. _____ Mouth breathes during the day                 | 20. _____ Trouble Focusing  |
| 7. _____ Restless sleep                                | 21. _____ Difficulty listening/often interrupts                       |
| 8. _____ Grinds teeth while sleeping                   | 22. _____ Hyperactive   |
| 9. _____ Talks in sleep                                | 23. _____ ADD/ADHD  |
| 10. _____ Excessive sweating while sleeping            | 24. _____ Sensory issues  |
| 11. _____ Wakes up at night                            | 25. _____ Struggles in math at school                                 |
| 12. _____ Wets the bed (currently)                     | 26. _____ Struggles in reading at school                              |
| 13. _____ History of bedwetting                        | 27. _____ Speech issues *   |
| 14. _____ Feels sleepy and/or irritable during the day | 28. _____ Avoidance behavior towards food or or certain types of food |

## **\*Speech Questionnaire - to be filled out only if #27 was indicated above**

*Please check all that apply to your child*

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|--|--|
| _____ Is it difficult to understand your child's speech? | _____ Gets frustrated when people can't understand speech?               |
| _____ Difficult to understand over the phone?            | _____ Speech sounds abnormal?  |
| _____ Nasal speech?                                      | _____ Sometimes omits consonants?  |
| _____ Hoarseness?  | _____ Uses M, N, NG instead of P, V, S, Z sounds?                        |
| _____ Others have difficulty understanding speech?       | _____ Liquids and/or solids get into nasal area when eating or drinking? |