

9 Out of 10 Children Exhibit Sleep Disordered Breathing Symptoms



Snoring
Nightmares
Bed Wetting
Difficulty in School
ADD / ADHD
Chronic Allergies
Restless Sleep
Dark Circles Under Eyes
Mouth Breathing
Daytime Drowsiness
Sleep Issues
Aggressive Behavior
Swollen Adenoids / Tonsils
Delayed Growth
Crowded Teeth
Overbite / Overjet

 **healthystart**TM
by
Ortho-Tain[®]



Take the HealthyStart
Sleep & Speech Questionnaire
Today!

Patient Form		healthystart	
Doctor: _____		Date: _____	
Child's Name: _____		Age: _____	
Filled Out By: _____		Relationship to Patient: _____	
Sleep Disordered Breathing Questionnaire for Children			
<p>The initial columns should be filled out at first appointment, and the follow up columns should be completed after 3 months of treatment. Please identify the following symptoms your child exhibits with the scale indicating severity of symptoms.</p> <p>0 - Not Present 1 - 2 Mild 3 Moderate 4 - 5 Pronounced</p>			
Does your child:		<p>14. _____ Talks in sleep</p> <p>15. _____ Poor ability in school</p> <p>16. _____ Falls asleep watching TV</p> <p>17. _____ Wakes up at night</p> <p>18. _____ Attention deficit</p> <p>19. _____ Restless sleep</p> <p>20. _____ Grinds teeth</p> <p>21. _____ Frequent throat infections</p> <p>22. _____ Teeth sleepy and/or mobile during the day</p> <p>23. _____ Have a hard time hearing and often interrupt</p> <p>24. _____ Edginess with hands or does not sit quietly</p> <p>25. _____ Eat with the feet</p> <p>26. _____ Mouth color at night or during the day</p> <p>27. _____ Speech Problems *</p>	
<p>1. _____ Snore at all</p> <p>2. _____ Snore only infrequently (1 night/week)</p> <p>3. _____ Snore fairly often (2-4 nights/week)</p> <p>4. _____ Snore habitually (5-7 nights/week)</p> <p>5. _____ Have labored, effortful, loud breathing at night</p> <p>6. _____ Have interrupted snoring when breathing stops for 4 or more seconds</p> <p>7. _____ Have stoppage of breathing more than 2 times in an hour</p> <p>8. _____ Hyperactive</p> <p>9. _____ Mouth breathes during day</p> <p>10. _____ Mouth breathes while sleeping</p> <p>11. _____ Frequent headaches in morning</p> <p>12. _____ Allergic symptoms</p> <p>13. _____ Excessive sweating while asleep</p>		<p>* If yes, provide parent speech questionnaire</p>	
<p>Was your reason for coming to this doctor for sleep or dental issues:</p> <p>Based on Sullivan et al. 1989 and Mitchell et al. 1994. All Rights Reserved. 1996. Mitchell et al. 1993</p>			
Speech Questionnaire			
<p>Please check all that apply to your child</p> <p>28. _____ Is it difficult to understand your child's speech</p> <p>29. _____ Difficult to understand over the phone?</p> <p>30. _____ Nasal speech?</p> <p>31. _____ Speech sounds abnormal?</p> <p>32. _____ Other have difficulty understanding speech?</p>			
<p>33. _____ Gets frustrated when people can't understand speech?</p> <p>34. _____ Swallowes extra components</p> <p>35. _____ Uses R, L, N, NG instead of R, L, V, S, Z</p> <p>36. _____ Mispronounces</p> <p>37. _____ Lipo</p> <p>38. _____ Any speech therapy?</p> <p>How long? _____</p>			
<p>Based on Bell et al. 2007 * by "Hello Start" Inc. 2013. Printed in USA. Print 01/22/08</p>			

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