



ASSOCIATES IN PEDIATRIC DENTISTRY
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Pediatric Sleep Screening Questionnaire

Dr. Leroux would like for you to complete this form as accurately as possible. Dentistry can be an important part of assessing and managing your child's overall health and wellness. Many health problems can be caused by airway issues, including sleep disordered breathing and obstructive sleep apnea.

For each question, please choose: Yes / No / Don't Know	Y	N	DK
Does your child snore and/or snore loudly when sleeping?			
Does your child tend to breathe through the mouth during the day and/or night?			
Does your child get up one or more times during the night?			
Does your child breathe heavily, struggle to breathe, or stop breathing while asleep?			
Does your child occasionally wet the bed at night?			
Is your child hard to wake up in the morning?			
Does your child wake up with headaches in the morning?			
Have you (or a teacher) commented that your child appears sleepy during the day?			
Does your child seem restless, unable to sit still, or always "on the go"?			
Does your child often interrupt others, have difficulty staying focused or become easily frustrated?			
Does your child have any habits such as grinding, nail biting, finger sucking, or tongue thrusting when swallowing?			
Does your child toss/turn, sleep walk/talk, or have night terrors?			

Patients Name: _____

Form completed by: _____

Relationship: _____

Date: _____

Form reviewed by: _____ Date: _____