



Comprehensive Dentistry Airway Orthodontics & Sleep Solutions For Patients of All Ages



1/2024

As part of our sleep well, airway focused dentistry programs we are asking all patients to complete a Sleep Questionnaire. This questionnaire will give us an overall evaluation of your child's sleeping patterns and patterns of their daily living and determine if they have any airway deficit that would be hindering them to have a good night's sleep. We look forward to reviewing this evaluation with you.

Patient:		Today's date:				
Sleep Risk Assessment Questionnaire for Children Please answer with a ✓ the following questions based on your child's sleep habits/quality during the past month. If you are unsure to the answer, please answer with a question mark. Thank you GOING TO SLEEP Does your child have any problems going to bed or falling asleep? Does your child have a regular bedtime? Does your child have a regular bedtime? Does your child have a regular wake time? Does your child sbedtime/wake time differ greatly between weekdays and weekends? WHILE SLEEPING Does your child wake up often at night after falling asleep? Does your child wake up often at night after falling asleep? Does your child sonre for more than half of the night's sleep3 Does your child sonre for more than half of the night's sleep3 Does your child have teavy or loud breathing habits while asleep? Does your child have teavy or loud breathing habits while asleep? Does your child have teaving mouth open while sleeping? Does your child have regular mouth open while sleeping? Does your child have regular might marks, sleep walking, or other unusual behaviors? Does your child have regular nightmares, sleep walking, or other unusual behaviors? Does your child seem overly tired or take excessive naps during the day? Does your child seem overly tired or take excessive naps during the day? Does your child skee up with headcakes in the morning? Does your child skee with headcakes in the morning? Does your child to breathe through their mouth while awake? Does your child dake excessive naps during the day for their age? Does your child skeep own your head to breathe through their mouth while awake? Does your child shave a difful to wake in the morning? Does your child shave a difful the wake up in the morning? Does your child stopped growing at a normal rate at any time since birth? Is your child stopped growing at a normal rate at any time since birth? Is your child appear to not listen when spoken to directly? Does your child have diffulty orga	Patient:	DOB:	Age:			
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Does your child appear excessively on the go or act as if "driven by a motor"?	<u> </u>		-			
			+			
Please provide any additional feedback that may be relevant to your child's sleep habits:	Does your child appear excessively on the go or act as if "driven	by a motor" ?	1			
Please provide any additional reedback that may be relevant to your child's sleep habits:	Diagon provide and additional familiary lates to the control of	varia alciado al acir le deles				
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