



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



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.

Today’s date: _____

Patient: _____

DOB: _____ Age: _____

Completed by: _____

Relation to patient: _____

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	YES	NO	?
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 wake time?			
Does your child’s bedtime/wake time differ greatly between weekdays and weekends?			
WHILE SLEEPING	YES	NO	?
Does your child wake up often at night after falling asleep?			
Does your child always snore while sleeping?			
Does your child snore for more than half of the night’s sleep?			
Does your child snore loudly?			
Does your child have heavy or loud breathing habits while asleep?			
Does your child have their mouth open while sleeping?			
Does your child have difficulty breathing at night while sleeping?			
Does your child ever stop breathing while sleeping?			
Does your child have regular nightmares, sleep walking, or other unusual behaviors?			
Do you think your child is getting enough sleep for his/her age?			
WHILE AWAKE	YES	NO	?
Does your child seem overly tired or take excessive naps during the day?			
Does your child wake up feeling unrefreshed in the morning?			
Does your child find it difficult to wake in the morning?			
Does your child wake up with headaches in the morning?			
Does your child take excessive naps during the day for their age?			
Does your child tend to breathe through their mouth while awake?			
Does your child have a dry mouth when they wake up in the morning?			
Does your child occasionally wet the bed?			
Has your child stopped growing at a normal rate at any time since birth?			
Is your child overweight?			
Has a teacher or other supervisor commented that your child appears unusually sleepy during the day?			
Does your child appear to not listen when spoken to directly?			
Does your child have difficulty organizing tasks and activities for their age?			
Does your child get easily distracted by surrounding stimuli?			
Does your child appear to fidget with hands and feet or struggles to sit still?			
Does your child appear excessively on the go or act as if “driven by a motor”?			

Please provide any additional feedback that may be relevant to your child’s sleep habits: