Pediatric Sleep, Mouth Breathing, Tongue Tie Screening Form

Child Information

Childs Name: Last First
Child's DOB:
Parent / Guardian Name: Last First
Email:
Phone Number:

Snoring & Breathing

1. Does your child snore more than half the time?
2. Does your child always snore?
3. Does your child snore loudly?
4. Does your child have "heavy" or loud breathing when sleeping?
5. Does your child have trouble breathing or struggle to breathe when asleep?

Sleepiness

1. Does your child complain of being unrefreshed in the morning?
2. Does your child have a problem with sleepiness during the day?
3. Has a teacher commented that your child appears sleepy during the day?
4. Does your child seem tired during the day?
5. Does your child fall asleep while watching TV, reading, or in the car?

Behaviour

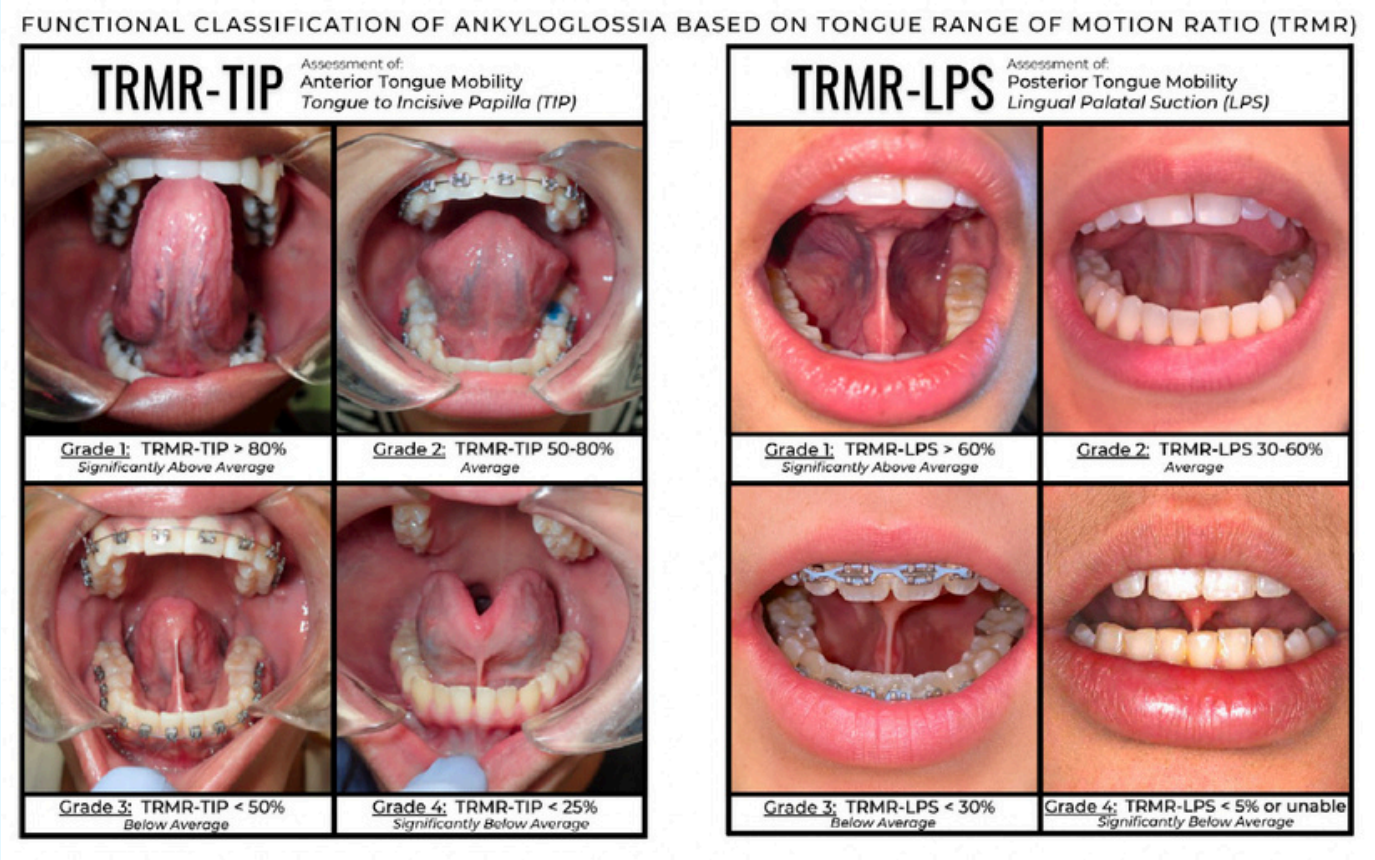
1. Is your child more active or restless than other children their age?
2. Does your child have difficulty organizing tasks or activities?
3. Is your child easily distracted by background noise or activity?
4. Does your child have difficulty awaiting their turn?
5. Does your child fidget with hands/feet or squirm in their seat?
6. Does your child interrupt or intrude on others (e.g., conversations/games)?
7. Is your child often "on the go", acting as if "driven by a motor"?
8. Does your child have trouble following instructions to complete tasks?
9. Does your child lose things necessary for tasks (schoolwork, toys, etc.)?
10. Does your child have difficulty sustaining attention in tasks or play?
11. Does your child make careless mistakes in schoolwork or activities?
12. Does your child blurt out answers before questions are completed?

Parent Concerns

Do you have any additional concerns about your child's breathing, sleep, speech, feeding, or tongue function?

Lingual Frenulum Screening (for clinical screening)

- Thin Thick
- Is there a heart-shaped notch in the tongue when the child lifts the tongue?
- Can the child lift the tongue tip to the upper front teeth?
- Can the child protrude the tongue past the lips?
- Does the child have difficulty saying sounds requiring tongue elevation (L, T, D, N, R)?
- Does the child have difficulty swallowing without head movement?
- History of breastfeeding difficulties?
- Speech articulation concerns?
- Does the child have limited side-to-side tongue movement?
- When lifting the tongue, how high does the tongue tip reach? Top teeth Halfway Bottom teeth Floor of mouth



Oral Habits

Thumb sucking Nail biting Tongue thrust