

# Evaluation of Sleep Disordered Breathing

For each question below, please circle the number that best describes how often each symptom has occurred in the past 4 weeks (or since the last survey if sooner).

*Thank You.*



Practice is limited to orthodontics and dental sleep medicine.

## Sleep Disturbance

During the past 4 weeks, how often has your child had...

	None of the Time	Hardly any of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
...bad snoring?	1	2	3	4	5	6	7
...breath holding spells or pauses in breathing at night?	1	2	3	4	5	6	7
...choking or gasping sounds while asleep?	1	2	3	4	5	6	7
...restless sleep or frequent awakenings from sleep?	1	2	3	4	5	6	7

## Physical Suffering

During the past 4 weeks, how often has your child had...

	1	2	3	4	5	6	7
...mouth breathing because of nasal obstruction?	1	2	3	4	5	6	7
...frequent colds or upper respiratory infections?	1	2	3	4	5	6	7
...nasal discharge or runny nose?	1	2	3	4	5	6	7
...difficulty in swallowing foods?	1	2	3	4	5	6	7

## Emotional Distress

During the past 4 weeks, how often has your child had...

	1	2	3	4	5	6	7
...mood swings or temper tantrums?	1	2	3	4	5	6	7
...aggressive or hyperactive behavior?	1	2	3	4	5	6	7
...discipline problems?	1	2	3	4	5	6	7

## Daytime Problems

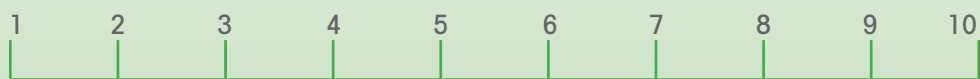
During the past 4 weeks, how often has your child had...

	1	2	3	4	5	6	7
...excessive daytime drowsiness or sleepiness?	1	2	3	4	5	6	7
...poor attention span or concentration?	1	2	3	4	5	6	7
...difficulty getting out of bed in the morning?	1	2	3	4	5	6	7

## Caregiver Concerns

During the past 4 weeks, how often has your child...

	1	2	3	4	5	6	7
...caused you worry about your child's general health?	1	2	3	4	5	6	7
...created concern that your child is not getting enough air?	1	2	3	4	5	6	7
...interfered with your ability to perform daily activities?	1	2	3	4	5	6	7
...made you frustrated?	1	2	3	4	5	6	7



Overall, how would you rate your child's quality of life as a result of the above problems? (Circle one number)

Please fax or mail your quiz to Harnick Orthodontics and we will contact you for further review. For more information or to arrange for a sleep consultation for adults or children, please call 505.831.1600.

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