



Perfect Start Sleep Disordered Breathing Questionnaire for Children

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Child's name _____ Date _____ Age _____

Does your child:

1. ___ Snore at all?
2. ___ Snore only infrequently (**1 night/week**)
3. ___ Snore fairly often (**2---4 nights/week**)
4. ___ Snore habitually (**5---7 nights/week**)
5. ___ Have labored, difficult, loud breathing at **night**
6. ___ Have interrupted snoring where breathing **stops** for 2---4 seconds
7. ___ Have stoppage of breathing more than 2 times in an **hour**
8. ___ **Hyperactive**
9. ___ Mouth breathes during **day**
10. ___ Mouth breathes **while sleeping**
11. ___ Frequent headaches in morning
12. ___ Allergic symptoms
13. ___ Excessive sweating while asleep
14. ___ Talks in sleep
15. ___ Poor ability in school
16. ___ Falls asleep watching TV
17. ___ Wakes up at night
18. ___ Attention deficit
19. ___ Restless sleep
20. ___ Grinds teeth
21. ___ Frequent throat infections
22. ___ Feels sleepy and/or irritable during the day
23. ___ Have a hard time listening and often interrupts
24. ___ Fidgets with hands or does not sit quietly
25. ___ Ever wets the bed
26. ___ Bluish color at night or during the day
27. ___ None of the above apply
28. ___ Speech Problems *

**If yes, continue on to speech questionnaire in the section below*

Speech Questionnaire – to be filled out only if #27 was indicated above.

Please check all that apply to you or your child

- Is it difficult to understand your child's speech?
- Difficult to understand over the phone?
- Nasal speech?
- Speech sounds abnormal?
- Others have difficulty understanding speech?
- Gets frustrated when people can't understand speech?
- Sometimes omits consonants
- Uses M, N, NG instead of P, F, V, S, Z sounds
- Hoarseness
- Swallowing problems with liquids and solids getting into nose?

Based on Sahim et al, 2009; and Urschitz et al, 2004

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