



Nelson R. Diers, D.D.S., Inc.

Orthodontic and TMJ Treatment for  
Adults and Children

## Pediatric Sleep Questionnaire

Childs Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Dr. Diers would like you to complete the following questionnaire for your child to help him evaluate their current sleep and airway situation which plays a major role in dental development.

Please check if....

- While sleeping, does your child snore more than half the time?
- While sleeping, does your child always snore?
- While sleeping, does your child snore loudly?
- While sleeping, does your child have "heavy" or loud breathing?
- While sleeping, does your child have trouble breathing, or struggle to breath?
- Have you ever seen your child stop breathing during sleep?
- Does your child tend to breathe through their mouth during the day?
- Does your child have a dry mouth when waking in the morning?
- Does your child clench or grind their teeth while sleeping?
- Does your child occasionally wet the bed?
- Does you child awake un-refreshed in the morning?
- Does your child experience sleepiness during the day?
- Has a teacher or supervisor commented that your child appears sleepy or sluggish during the day?
- Is it hard to waken your child in the morning?
- Does your child ever wake up with headaches?
- Did your child ever stop growing at a normal rate?
- Is your child overweight?
- This child does not seem to listen when spoken to directly.
- This child often is easily distracted.
- This child often has difficulty organizing tasks and activities.
- This child fidgets or squirms.
- This child is often "on the go" or acts as if "motor driven."
- This child often interrupts or intrudes.

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