Pediatric Airway Questionnaire

Please fill out this form as accurately and honestly as possible. Dr. Tracey Nguyen is one of the dental experts of Northern Virginia Airway Interdisciplinary Group, which addresses specific issues of breathing and the form and function of the upper airway that affect your total health and wellness. It is documented that mildest form of Sleep Disorder Breathing, SNORING impairs neurobehavioral development! Based on the wellness model, our team of highly trained and experienced medical and dental professionals, will evaluate your body as a whole, treat the underlying causes, restore your body's optimal breathing and sleep habits, improve your overall health and elevate your quality of life.

Patient Name______________________________________ Date____________________

____ 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 breathe?
____ Have you even seen your child stop breathing during the night?
____ Does your child occasionally wet the bed, sleepwalk, or have night terrors (circle any)?
____ Does your child tend to breathe through the mouth during the day?
____ Does your child have a dry mouth on waking in the morning?
____ Does your child wake up unrefreshed in the morning?
____ Does your child wake up with headaches in the morning?
____ Is it hard to wake up your child in the morning?
____ Does your child have a problem with sleepiness during the day?
____ Has a teacher or supervisor commented - your child appears sleepy during the day?
____ Did your child stop growing at a normal rate at any time since birth?
____ Is your child overweight?
____ This child does not seem to listen when spoken to directly
____ This child often has difficulty organizing tasks and activities
____ This child often is easily distracted by extraneous stimuli
____ This child often fidgets with hands or feet, or squirms in seat
____ This child often is “on the go” or often acts as if “driven by a motor”
____ This child often interrupts or intrudes on others (butts in conversations or games)

Total Score = __________