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Evaluation for sleep disordered breathing : Sleep deprived children suffer many of these symptoms due to compromised airway opening. This can result in reduced Oxygen , air flow and increased carbon dioxide, swollen tonsils and adenoids, orthodontic problems .brain and immune systems problems.

1. ___ Your child uses or used a pacifier for more than 6 months of age
2. ___ Your child successfully was able to breastfeed. How long _____
3. ___ Your child bottle feed exclusively
4. ___ Your child bottle fed until age _____
5. ___ Your child has primarily a soft diet

Please indicate the degree of any problems by choosing from the following symptoms severity.
0= not a problem. 1=occasionally. 2= moderate 3= significant

1. ___ Snoring during the night
2. ___ Mouth breathing when sleeping
3. ___ Mouth breathing during the day
4. ___ Wakes up frequently at night
5. ___ Wanders all over the bed at night
6. ___ Sleeps in the tee pee position
7. ___ Grinds his or her teeth at night
8. ___ Restless sleeper
9. ___ Talks in his or her sleep
10. ___ Signs or diagnosis of hyperactivity
11. ___ Falls asleep watching TV
12. ___ Wakes up in the morning with a headache
13. ___ Does poorly in school
14. ___ Considered hyperactive
15. ___ Diagnosis with ADD or ADHD
16. ___ Aggressive behavior
17. ___ Irritability and/or anger
18. ___ Taking any medicine for behavior modification
19. ___ Has had multiple throat infections
20. ___ Gags on foods
21. ___ Is a picky eater
22. ___ Dark circles under his or her eyes
23. ___ Fidgets with his or her hands
24. ___ Bedwetting
25. ___ excessive sweating during the night
26. ___ Sleep apnea or stops breathing for short periods
27. ___ Delayed or stunted growth
28. ___ Sleep walking



Speech questionnaire

1. ___ Do you have a hard time understanding your child's speech ?
2. ___ Do other people have a difficult time understanding your child's speech ?
3. ___ Does your child speak with a lisp ?
4. ___ Does your child get upset or frustrated when others cannot understand him when speaking ?
5. ___ Does your child speak with a nasal tone ?
6. ___ Does your child speak with hoarseness
7. ___ Delayed speech
8. ___ Has your child undergone any speech therapy ? if yes how long ? _____