

Molar Bear Sleep History Screening



Dear Parents: Please take some time to fill out the questionnaire before the consultation appointment.

Parent Questionnaire: Answer yes or no to each question exploring your child's sleep habits

S	Sleeping	can you hear your child breathing while they sleep?	Yes	No
S	While sleeping Does your child ever...	snore?		
		appear to hold their breath or stop breathing?		
		gasp or wake with a startle?		
		'work hard' to breathe / has audible or loud breathing?		
		hold breath or stop breathing?		
		make choking sounds?		
		short, fast breathing		
		have their body in odd positions? Tummy sleeper?		
		have their head extended back?		
		grind their teeth?		
		breathe with their mouth open?		
		have night sweats?		
leave drool on the pillow?				
S	Sleepless Does your child...	have difficulty getting sleep?		
		have difficulty staying asleep?		
		wake up in middle of the night and have trouble going back to sleep?		
		sleep lightly/easily roused?		
S	Sleepy Despite adequate hours of sleep, does your child...	wake up slow?		
		wake up groggy and moody?		
		wake up with a headache?		
		experience day time sleepiness?		
		have poor morning appetite?		
		avoid physical activities?		
D	Disturbed sleep Does your child...	appear lethargic or hyperactive during the day?		
		have nightmares?		
		have nightmares and not remember next day?		
		sleep walk or talk?		
		wet the bed?		
R	Restless Does your child...	toss and turn?		
		have fidgety legs?		
		growing pains?		
Q	Sleep quality	wake in a tangle of bed sheets? Or on the wrong side of the bed?		
		do you believe that your child has good sleep quality consistently?		

Q	Sleep quantity	15-17	13-14	11-12	10-11	9-10
Q	How many hours sleep does your child get on average? Including naps	8-9	7-8	6-7	Less than 6	

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TRAITS during the day – my child

		My child is like this:					
		never	others see it	rarely	occasionally	often	always
Emotional	is grumpy						
	is a worrier						
	is irritable						
	is scared/fearful						
	is short tempered						
	is sensitive						
	has emotional outbursts						
	has sudden mood swings						
Social	is uncooperative						
	is prone to fights						
	appears not to listen						
	is clingy						
	is argumentative						
	interrupts a lot						
	does not like the word 'no'						
	has difficulty making or keeping friends						
Learning	is easily distracted						
	is unable to focus, concentrate or pay attention						
	is 'spaced out', a dreamer						
	does not communicate as well as other kids the same age						
	is not doing as expected for ability						
	can't follow instructions						
Behavior	is whiney						
	is unmotivated						
	is agitated						
	is easily frustrated if unable to do something						
	can be aggressive or a bully						
	is forgetful						
	behaves like a child with ADHD						
Physical	avoids activities like swimming/running						
	falls asleep easily in car						
	can't sit still						
	is sleepy						
	has a lot of energy						
Environmental Factor	room is noisy at sleep time						
	sleeps with a light on						
	sleep with a pet						
	says the/hot during the nighty get cold						
	says he/she feels scared going to bed						
	has screen time within an hour of their bedtime						
	has a TV or screen in the bedroom						
	has snack right before bed						
	shares their room with siblings						
	drinks barely any or no water during the day						

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Red Flags

Things the doctors may have diagnosed or noticed	Yes	If yes, describe	No	I don't know
Does my child have...				
structural abnormality of the upper airway with underlying medical diagnosis				
enlarged tonsils and adenoid/ any airway tissue inflammation				
neuromuscular disease				
genetic disorder				
nasal obstruction, frequently blocked nose				
middle ear fluid (effusion)				
stuffy, nasal voice				
allergies or food sensitivity				
habitual cough/throat clearing				
weak immune system, always sick, seems to catch everything				
eczema				
delayed milestones				
autism spectrum				
ADHD or other behavioral issues				
eating difficulties/ restricted diet/ sensory issues/ food intolerances/chock easily				
chew their food fast				
barely chews				
chews noisily				
tongue thrust				
speech distortions				
unexplained speech delays				
becomes breathless with activity				
mouth breathing				
forward head posture				
vitamin deficiency				

Please have the following below prior to your appointment as it will greatly help us out.

- 1) A photo of your child's sleep posture.
- 2) A print out of your SnoreLab result (This is a free app that you can download that can record your child's snoring. This will help us identify if your child snores). Link - <https://www.snorelab.com>
- 3) If you have also noticed anything concerning about your child's sleep, you can also video record it and show it to us during the appointment.

Additional things you like Team Molar Bear to know about your child's sleep:
