

# DENTISTRY of NEWBURYPORT

## Lamberg Questionnaire for Pediatric Airway and Sleep “LQ-PAS”

*Please fill out this form as accurately and honest as possible. In our practice we are very interested in our patients' overall health. Jaw growth and development can be an important part of managing the health problems caused by sleep and breathing disorders.*

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Today's Date: \_\_\_\_\_

<b>WHILE SLEEPING, DOES YOUR CHILD:</b>	Yes	No	Don't Know
Snore more than half the time?			
Snore regularly?			
Snore loudly?			
Have heavy or loud breathing?			
Have trouble breathing or struggle to breathe?			
Sleep with their lips apart and mouth open?			
Have difficulty staying asleep?			
Occasionally wet the bed or experience night sweats?			
Occasionally sleepwalk, sleep-talk, or have night terrors?			
Appear to be a restless sleeper, move around a lot, have messy sheets?			
Grind their teeth during sleep?			
<b>UPON AWAKENING, DOES YOUR CHILD:</b>	Yes	No	Don't Know
Have dry mouth?			
Wake up feeling refreshed?			
Have a problem with sleepiness during the day?			
Have trouble getting going in the morning?			
Wake up with headaches?			
<b>HAVE YOU NOTICED THAT YOUR CHILD:</b>	Yes	No	Don't Know
Does not seem to listen when spoken to directly?			
Has difficulty organizing tasks?			
Is easily distracted by extraneous stimuli?			
Fidgets with hands or feet or squirms in seat?			
Often is “on the go” or acts as if “driven by a motor.”			
Tends to breathe through the mouth during the day?			
<b>ADDITIONALLY:</b>	Yes	No	Don't Know
Has a teacher or supervisor commented that your child appears sleepy?			
Has been diagnosed with ADD/ADHD?			
Did your child stop growing at a normal rate at any time since birth?			
Is your child overweight?			
Does your child have allergies?			
Does your child have frequent colds or ear infections?			
Does your child have difficulty with pronunciation?			