



# PEDIATRIC SLEEP SCREENING FORM

TODAY'S DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF PERSON COMPLETING: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

Please answer the questions about how your child IN THE PAST MONTH. Circle the correct response or print your answers in the space provided. "y" means "yes," "N" means "no," and "DK" means "don't know." For this questionnaire, the word "usually" means "more than half the time" or "on more than half the nights."

QUESTIONS:	RATING SCALE:		
	YES	NO	DON'T KNOW
While sleeping, does your child:			
snore more than half the time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
always snore?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
snore loudly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have "heavy" or loud breathing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have trouble breathing, or struggle to breathe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever seen your child stop breathing during the night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child:			
tend to breathe through the mouth during the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have a dry mouth on waking up in the morning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
occasionally wet the bed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
wake up feeling unrefreshed in the morning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have a problem with sleepiness during the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a teacher or other supervisor commented that your child appears sleepy during the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it hard to wake your child up in the morning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child wake up with headaches in the morning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your child stop growing at a normal rate at any time since birth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your child overweight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This child often:			
does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is easily distracted by extraneous stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fidgets with hands or feet, or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
interrupts or intrudes on others ( <i>eg butts into conversations or games</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## PROVIDER USE ONLY

           8 or more "Yes" is considered positive and suggestive of high risk for pediatric sleep-related breathing disorder

Please attach this completed form with your pediatric referral

# FAIREST-6 **Six Red Flags for:** PEDIATRIC SLEEP DISORDERED BREATHING (SDB)

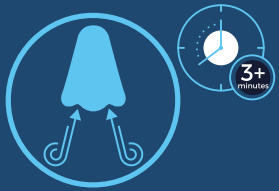

Functional Airway Evaluation Screening Tool

January 2021 - © Fairest.org & The Breathe Institute

Figure credit: Chad Knutsen

Reference: Determinants of Sleep-Disordered Breathing During the Mixed Dentition: Development of a Functional Airway Evaluation Screening Tool (FAIREST 6)  
James Oh DDS, Soroush Zaghi MD, Cynthia Peterson PT, Clarice S Law DMD MS, Audrey J Yoon DDS MS

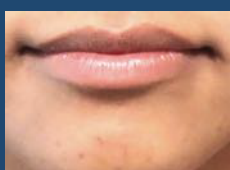
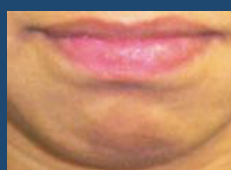
EACH OF THESE 6 FACTORS IS AN INDEPENDENT "RED FLAG" FOR SLEEP-DISORDERED BEATHING.

**1.**  **VS.** 

Difficulty with nasal-breathing for 3+ minutes?

## MOUTH BREATHING

YES  NO


**2.**  **VS.** 

No Mentalis-Strain      Mentalis-Strain

## MENTALIS STRAIN

YES  NO


**3.** *Tonsil Coverage*



0-25%      26-50%      51-75%      76-100%

## TONSIL HYPERTROPHY

YES  NO

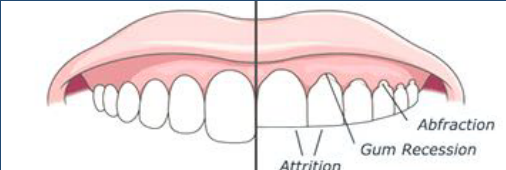
**4.** 

TRMR-TIP: Tongue Range of Motion Ratio with Tongue to Incisive Papilla

Grade 1 >80%      Grade 2 50-80%      Grade 3 <50%      Grade 4 <25%

## ANKYLOGLOSSIA

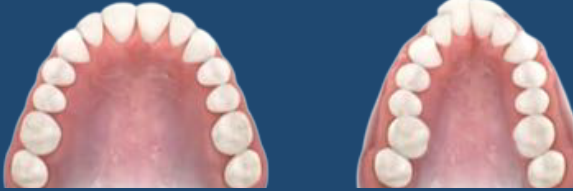
YES  NO

**5.** 

Are there visible signs of dental wear?

## DENTAL WEAR

YES  NO

**6.** 

Signs of dental crowding, high arch, and/or narrow palate?

## NARROW PALATE

YES  NO

### GRADING SCALE

The score on the FAIREST-6 is equal to the sum of the number of exam findings present. Scores may range from 0 (none of the items are present) to 6 (all six of the concerning exam findings are present). **A score of two corresponds to mildly increased risk of sleep-disturbance; four indicates moderately increased risk; six indicates severely increased risk.**

Number of Red Flags	Scoring Table for FAIREST-6						
	0	1	2	3	4	5	6
Risk of Sleep-Disturbance	Normal		Mild		Moderate		Severe