



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. Fill in the correct response or print your answers in the space provided. For this questionnaire, the word "usually" means "more than half the time" or "on more than half the nights."

QUESTIONS:

RATING SCALE:

While sleeping, does your child:

snore more than half the time?

YES

NO

DON'T
KNOW

always snore?

snore loudly?

have "heavy" or loud breathing?

have trouble breathing, or struggle to breathe?

Have you ever seen your child stop breathing during the night?

Does your child:

tend to breathe through the mouth during the day?

have a dry mouth on waking up in the morning?

occasionally wet the bed?

wake up feeling unrefreshed in the morning?

have a problem with sleepiness during the day?

Has a teacher or other supervisor commented that your child appears sleepy during the day?

Is it hard to wake your child up in the morning?

Does your child wake up with headaches in the morning?

Did your child stop growing at a normal rate at any time since birth?

Is your child overweight?

This child often:

does not seem to listen when spoken to directly

has difficulty organizing tasks and activities

is easily distracted by extraneous stimuli

fidgets with hands or feet, or squirms in seat

is "on the go" or often acts as if "driven by a motor"

interrupts or intrudes on others (*eg butts into conversations or games*)

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

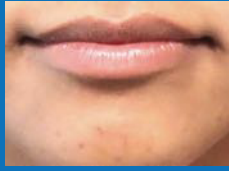

EACH OF THESE 6 FACTORS IS AN INDEPENDENT "RED FLAG" FOR SLEEP-DISORDERED BEATHING.

1.  **VS.** 

Difficulty with nasal-breathing for 3+ minutes?

MOUTH BREATHING

☐ YES ☐ NO


2.  **VS.** 

No Mentalis-Strain Mentalis-Strain

MENTALIS STRAIN

☐ YES ☐ NO

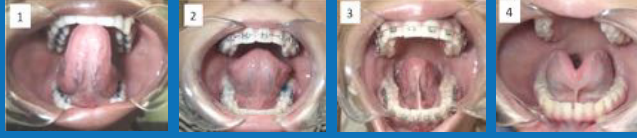
3. *Tonsil Coverage*



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

TONSIL HYPERTROPHY

☐ YES ☐ NO

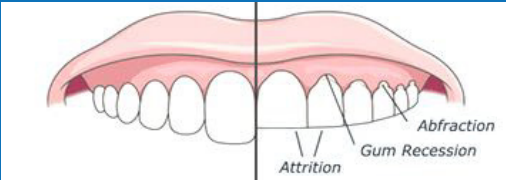
4. 

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