AIRSYNC | AIRWAY

DR. SANTIAGO'S PARENT PRIVATE-EYE HOME SHEET

There are many things about your child's health that are important to know, but that I often don't get to see at the office. Also, there are signs to look for that you may not have known were connected to your child's teeth or health. By looking for and tracking these "signs and symptoms", we can get a better handle on the problem and watch for resolution.

You don't have to spend a lot of time with this. Just watch for certain things at different times of day. Try not to let your child know they are being watched. You want to see the most natural behaviors.

Check off what you see. If you're not sure, check it anyway. Make comments if you want.

While sitting around (watching TV, in the car), does your child:

- put "things" in the mouth a lot (toys, sleeves, pencils, fingernails, etc.)
- \Box lick or suck on the lips
- □ have the lips apart, even a little
- \Box stick or dart the tongue out of the mouth
- □ have the tongue resting between the teeth lean the cheek on a hand
- breath with his mouth open, even a little bit
- make noises when breathing
- □ have trouble sitting still

While talking, does your child:

- □ talk very fast
- □ talk very slowly
- □ gasp for air
- □ have a lisp
- □ take speech lessons

During a meal, does your child:

- □ gasp for air while eating
- □ stick his tongue between his teeth when swallowing
- □ stick the tongue out to meet the drinking glass
- □ drink a lot while eating make noises when chewing

- □ eat sloppily
- □ take a breath before drinking
- puff the cheeks out when drinking
- □ make the lips purse when swallowing
- □ make the chin "crinkle" when swallowing
- \Box bob the head when swallowing
- □ have trouble sitting still

While sleeping, does your child:

- □ have trouble going to sleep
- \Box have the mouth open
- □ snore
- □ breathe heavily or audibly
- \Box drool on the pillow
- \Box wet the bed
- \Box grind the teeth
- $\hfill\square$ toss and turn
- \Box kick the covers off
- \Box tilt the head back
- □ have frequent nightmares, terrors
- □ sleep walks or talks
- □ sweat at night
- \Box ever stop breathing for a short time
- □ have abnormal sleep issues
- □ wake up frequently
- \Box have trouble waking up
- \Box take a long time to fall asleep at night
- \Box fall asleep in the car
- □ want to take naps
- \Box yawn in the afternoon

- under eyes wake with darker circles under eyes
- \Box wake with dry throat or thirsty
- □ wake with chapped lips
- \Box wake with headaches
- \Box wake in funny position on or off the bed

Does your child OFTEN (more than "once in awhile") complain of:

- \Box stomach aches
- headaches
- \Box ear aches
- \Box ringing ears
- □ dizziness
- □ stuffy ears
- □ itchy ears
- □ neck aches
- □ a runny nose
- □ a sore throat
- □ trouble swallowing pills
- □ dry or chapped lips
- \Box sore teeth or gums
- \Box sores in the mouth

Did your child ever:

- use a pacifier. Until age
- \Box suck a finger or thumb. Which?
- □ have allergies
- □ food allergies
- □ skin allergies
- □ seasonal allergies
- □ take medication for allergies
- \Box have asthma
- have recurrent ear infections
- □ have ear tubes placed
- \Box have tonsils and adenoids removed
- □ have a sleep study
- □ see a doctor about asthma
- □ have learning problems
- □ have attention problems
- □ issues at school
- \Box trouble concentrating
- \Box trouble with grades

As a baby/toddler, was your child:

- □ delivered vaginally
- □ delivered by C-section
- breast-fed. How many months _____
- \Box hard to breast feed
- \Box early to get teeth
- □ late to get teeth
- \Box hard to feed
- \Box refusing to chew food
- prone to ear infections

Is your child frequently:

- \Box tired during the day
- □ depressed
- □ moody or irritable
- □ shy or withdrawn
- \Box aggressive with others

Did YOU (either parent) ever:

- □ have crooked teeth
- □ have braces
- have extractions for braces
- □ have allergies
- \Box have asthma
- □ have TMJ or jaw problems
- □ snore while sleeping
- \Box have a sleep study
- □ have sleep apnea