



Parents Private Eye Home Sheet

A modified version of "Dr. Barry Raphael's Parent's Private-Eye Home Sheet"

These are signs to look for that you may not have known are connected to your child's growth and development, teeth or overall health. By looking for and tracking these "signs and symptoms" we can get a better handle on the problem and make a plan for resolution.

You don't need 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 additional comments if you like.

While sitting around (watching TV, in the car)

does your child:

- put "things" in the mouth a lot (toys, sleeves, pencils, fingernails, etc.)
- lick or suck on the lips
- have the lips apart, even a little
- stick or dart the tongue out of the mouth
- have the tongue resting between the teeth
- lean the cheek on a hand
- breathe 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
- Trouble with /L/ /S/ / R/ /ch/sh/
- Not make progress with 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
- Gag easily
- take a breath before drinking
- puff the cheeks out when drinking
- make the lips purse when swallowing
- make the chin "crinkle" when swallowing
- bob the head when swallowing

While sleeping, does your child:

- have trouble going to sleep
- have the mouth open
- snore
- breathe heavily or audibly
- drool on the pillow
- wet the bed
- grind the teeth
- toss and turn
- kick the covers off
- tilt the head back
- have frequent nightmares, terrors
- sleep walks or talks
- sweat at night
- ever stop breathing for a short time
- have abnormal sleep issues
- wake up frequently
- have trouble waking up
- take a long time to fall asleep at night
- fall asleep in the car
- want to take naps
- yawn in the afternoon
- wake with darker circles under eyes
- wake with dry throat or thirsty
- wake with chapped lips
- wake with headaches
- wake in funny position on or off the bed

Does your child OFTEN

(more than “once in awhile”) complain of:

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

Did your child ever:

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

As a baby/toddler, was your child:

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

Is your child frequently:

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

Did either parent ever:

- have crooked teeth
- have braces
- Have braces more than once
- have extractions for braces
- have allergies
- have asthma
- have TMJ or jaw problems
- snore while sleeping
- have a sleep study
- have sleep apnea
- Chronically mouth breath

Additional comments :