



## Child Observation Sheet

Child's Name \_\_\_\_\_

There are many things about your child's health that are important to know, which we don't often 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 tracking these "signs and symptoms", we can have a more complete picture of your child's overall health.

You don't have to spend a lot of time with this assessment tool, just observe their behavior at different times of day. You want to see them with their most natural behaviors, therefore try not to let your child know that you are watching.

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

### While sitting around... (Watching T.V., in the car)

Does your child:

- Put "things" in their mouth a lot (toys, sleeves, pencils, fingernails, etc.)
- Lick or Suck on their lips
- Have the lips apart or even a little
- Stick or dart the tongue out of their mouth
- Have the tongue resting between the teeth
- Lean their cheek on their hand
- Breathe with their mouth open, even a little bit
- Have trouble sitting still

### While talking...

Does your child:

- Talk very fast
- Talk very slow
- Gasp for air
- Has a lisp
- Takes speech lessons

### During a meal...

Does your child:

- Gasp for air while eating
- Stick their tongue between their teeth when swallowing
- Stick their 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 their lips purse when swallowing
- Make their chin "crinkle" when swallowing
- Bob their head when swallowing
- Have trouble sitting still



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Child's Name \_\_\_\_\_

### While sleeping...

Does your child:

- Have their mouth open
- Snore
- Wet the bed
- Toss and turn
- Tilt their head back
- Wake up frequently
- Have frequent nightmares
- Have abnormal sleep issues
- Have trouble waking up
- Wake up with dark circles under their eyes

### Medical History

Does your child OFTEN (more than 'once in a while') complain of:

- Stomachaches
- Headaches
- Ear aches
  - Ringing ears
  - Dizziness
  - Stuffy ears
  - Itchy ears
- Neck aches
- Runny nose
- 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
  - See a doctor about asthma
- Have learning problems
- Have attention problems
- "Issues" at school

As a baby was your child:

- Breast fed or bottle fed
- If breast fed, how long? \_\_\_\_\_
- Early to get teeth
- Late to get teeth
- Hard to feed
- Refusing to chew food
- Prone to ear infections

Did YOU ever:

- Have crooked teeth
- Have braces
- Have extractions for braces
- Have allergies
- Have asthma
- Have TMJ or jaw problems