

My child's sleep and breathing

Fill in for two weeks, then bring it to the doctor. Check what you notice. A short video of your sleeping child, with sound, also helps.

Night	Snores	Loud	Pauses or gasps	Mouth open	Restless or sweaty	Bedwetting	Daytime: tiredness, mood, attention
Week 1 - A cold this week? ☐ yes ☐ no							
1	☐	☐	☐	☐	☐	☐	
2	☐	☐	☐	☐	☐	☐	
3	☐	☐	☐	☐	☐	☐	
4	☐	☐	☐	☐	☐	☐	
5	☐	☐	☐	☐	☐	☐	
6	☐	☐	☐	☐	☐	☐	
7	☐	☐	☐	☐	☐	☐	
Week 2 - A cold this week? ☐ yes ☐ no							
8	☐	☐	☐	☐	☐	☐	
9	☐	☐	☐	☐	☐	☐	
10	☐	☐	☐	☐	☐	☐	
11	☐	☐	☐	☐	☐	☐	
12	☐	☐	☐	☐	☐	☐	
13	☐	☐	☐	☐	☐	☐	
14	☐	☐	☐	☐	☐	☐	

Show the doctor soon

- Loud, regular snoring, or pauses followed by a gasp
- Breathes only through the mouth; nose always blocked
- Heavy sweating, waking with a start, bedwetting
- Sleepiness, attention difficulties, growth concerns
- Sooner with extra weight, Down syndrome, or a muscle, skull or jaw condition

Who does what

- **Doctor, pediatrician or NP** (or 811): looks for the cause, orders a sleep study
- **ENT**: nose, adenoids, tonsils
- **Dentist or orthodontist**: teeth and palate
- **Speech-language pathologist**: mouth at rest, swallowing, speech, once the nose has been checked

Never tape a child's mouth. No mouth-closing exercises before the nose has been checked.

Sources: Canadian Paediatric Society (2024); SickKids (2025); Fondation Sommeil (2025); CHU Sainte-Justine; ASHA. General information: this log does not replace an assessment.