

Sleep Questionnaire

First Name - Patient

Last Name - Patient

Please read each question and check all boxes that apply to your child.

Nighttime sleeping...

- Does your child snore more than half the time?
- Does your child always snore?
- Does your child snore loudly?
- Does your child have heavy or loud breathing while sleeping?
- Does your child have trouble breathing or struggle to breathe while sleeping?
- Does your child breathe through his/her mouth while asleep?
- Have you ever seen your child stop breathing during the night?
- Does your child occasionally wet the bed?

Morning...

- Does your child have a dry mouth on waking up in the morning?
- Does your child wake up feeling unrefreshed in the morning?
- Is it hard to wake your child up in the morning?
- Does your child wake up with headaches in the morning?

Throughout the day...

- Does your child tend to breathe through the mouth during the day?
- Does your child have a problem with sleepiness during the day?
- Does your child often not seem to listen when spoken to directly?
- Has a teacher or other supervisor commented that your child appears sleepy during the day?
- Does your child often have difficulty organizing tasks and activities?
- Does your child often fidget with their hands or feet or squirms in their seat?
- Is your child easily distracted by extraneous stimuli?
- Does your child often interrupt or intrude on others (e.g. butts into conversation or games?)
- Is your child often "on the go" or often acts as if "driven by a motor?"
- Did your child stop growing at a normal rate at any time since birth?
- Is your child overweight?

Total number of checked boxes:

More than 8 checked boxes may indicate a problem with sleep related breathing disorder.

Print name

Signature *

Clear

