

# PEDIATRIC QUESTIONNAIRE

1. Does your child have trouble going to bed or falling asleep?
2. Awaken during the night and have trouble returning to sleep?
3. Does he/she tend to breathe through their mouth during the day or during sleep?
4. Have dry mouth or bad breath upon waking in the morning?
5. Have you noticed any of the following while your child is sleeping?
  - a. Snoring, heavy or loud breathing?
  - b. Break or pause in breathing?
  - c. Gasp, choke, or struggle to breathe?
  - d. Restless or agitated sleep? Grinding teeth?
  - e. Abnormal head posture (hyper-extension, etc.)
  - f. Excessive sweating?
  - g. Wetting the bed?
6. Have you noticed any of the following during the day?
  - a. Difficulty waking?
  - b. Wakes with headaches?
  - c. Groggy, tired or “out of it”?
  - d. Hyperactive?
  - e. Teachers commented?
7. Child often:
  - a. Does not seem to listen when spoken to directly?
  - b. Has difficulty organizing tasks?
  - c. Easily distracted by extraneous stimuli?
  - d. Fidgets with hands or feet or squirms in seat?
  - e. Interrupts or intrudes on others?
8. Is your child frequently sick, have a history of sore throat, ear infections, sinus infections, or allergies?
9. Stop growing at a normal rate at any time since birth? Overweight?
10. Habits such as: pacifier/ thumb sucking/ lip biting/ other?

Modified from:

Chervin, R D, et al. “Pediatric Sleep Questionnaire: Prediction of Sleep Apnea and Outcomes.” Archives of Otolaryngology--Head & Neck Surgery., U.S. National Library of Medicine, Mar. 2007, [www.ncbi.nlm.nih.gov/pubmed/17372077](http://www.ncbi.nlm.nih.gov/pubmed/17372077).