

Pediatric Sleep Questionnaire

- While sleeping, does your child snore more than half the time?
- While sleeping, does your child always snore?
- While sleeping, does your child snore loudly?
- While sleeping, does your child have 'heavy' or loud breathing?
- While sleeping, does your child have trouble breathing, or struggle to breathe?
- Have you ever seen your child stop breathing during the night?
- Does your child occasionally wet the bed, sleepwalk or have night terrors?
- Does your child tend to breathe through the mouth during the day?
- Does your child have a dry mouth on waking up in the morning?
- Does your child wake up unrefreshed in the morning?
- Does your child wake up with headaches in the morning?
- Is it hard to wake your child up in the morning?
- Does your child have a problem with sleepiness during the day?
- Has a teacher or supervisor commented that your child appears sleepy during the day?
- Did your child stop growing at a normal rate at any time since birth?
- Is your child overweight?
- My child often does not seem to listen when spoken to directly.
- My child often has difficulty organizing tasks and activities.
- My child often is easily distracted by extraneous stimuli.
- My child often fidgets with hands or feet, or squirms in seat.
- My child often is 'on the go' or often acts as if 'driven by a motor.'
- My child often interrupts or intrudes on others (butts into conversations).

Each yes/check mark is 1 point. Total the points below.

TOTAL POINTS: _____.

Your child is high risk if scoring 7 or higher.

If scoring 7 or higher, please schedule a consultation with an ENT or Sleep Study Specialist, and provide the answers of this questionnaire to them. Should SDB (sleep disordered breathing) or OSA (Obstructive sleep apnea) be identified in your child, orthodontic treatment and appliances may be used to correct issue or lessen symptoms.

