Child Sleep Questionnaire

CHILD SLEEP QUESTIONNAIRE

For each of the following questions answer yes, no, or don't know as best describes your child's sleep.

1. Snore more than half the time?

◯ Yes ◯ No ◯ Don't Know

2. Always snore?

◯ Yes ◯ No ◯ Don't Know

3. Snore loudly?

◯ Yes ◯ No ◯ Don't Know

4. Have 'heavy' or loud breathing?

◯ Yes ◯ No ◯ Don't Know

5. Have trouble breathing, or struggle to breathe?

◯ Yes ◯ No ◯ Don't Know

6. Seen your child stop breathing during the night?

◯ Yes ◯ No ◯ Don't Know

7. Tend to breathe through the mouth during the day?

◯ Yes ◯ No ◯ Don't Know

8. Have a dry mouth on waking in the morning?

◯ Yes ◯ No ◯ Don't Know

9. Occasionally wet the bed?

◯ Yes ◯ No ◯ Don't Know

11. Have a problem with sleepiness during the day?

◯ Yes ◯ No ◯ Don't Know

12. Have a teacher or other supervisor comment that your child appears sleepy during the day?

◯ Yes ◯ No ◯ Don't Know

13. Is it hard to wake up your child in the morning?

◯ Yes ◯ No ◯ Don't Know

14. Does your child wake up with headaches in the morning?

◯ Yes ◯ No ◯ Don't Know

15. Did your child stop growing at a normal rate at any time since birth?

◯ Yes ◯ No ◯ Don't Know

16. Is your child overweight?

◯ Yes ◯ No ◯ Don't Know

17. Does not seem to listen when spoken to directly.

◯ Yes ◯ No ◯ Don't Know

18. Has difficulty organizing tasks and activities.

◯ Yes ◯ No ◯ Don't Know

19. Is easily distracted by extraneous stimuli.

◯ Yes ◯ No ◯ Don't Know

20. Fidgets with hands or feet or squirms in seat.

◯ Yes ◯ No ◯ Don't Know

21. Is 'on the go' or often acts as if 'driven by a motor'.

◯ Yes ◯ No ◯ Don't Know

22. Interrupts or intrudes on others (e.g., interrupts conversations or games)

◯ Yes ◯ No ◯ Don't Know