

Child Sleep Questionnaire

Answer on behalf of your school aged (7-17) child for the past month.

While sleeping, does your child...

- | | |
|---|--------------------|
| 1. Snore more than half the time? | Yes / No / Unknown |
| 2. Always snores? | Yes / No / Unknown |
| 3. Snore loudly? | Yes / No / Unknown |
| 4. Have trouble breathing, or struggle to breathe? | Yes / No / Unknown |
| 5. Have "heavy" or loud breathing? | Yes / No / Unknown |
| 6. Have you ever seen your child stop breathing during the night? | Yes / No / Unknown |

Does your child...

- | | |
|---|--------------------|
| 1. Tend to breathe through the mouth during the day? | Yes / No / Unknown |
| 2. Have a dry mouth on waking in the morning? | Yes / No / Unknown |
| 3. Occasionally wet the bed? | Yes / No / Unknown |
| 4. Wake up feeling unrefreshed in the morning? | Yes / No / Unknown |
| 5. Have a problem with sleepiness during the day? | Yes / No / Unknown |
| 6. Has a teacher commented that your child appears sleepy during the day? | Yes / No / Unknown |
| 7. Is it hard to wake your child in the morning? | Yes / No / Unknown |
| 8. Does your child wake up with headaches in the morning? | Yes / No / Unknown |
| 9. Did your child stop growing at a normal rate at any stage since birth? | Yes / No / Unknown |
| 10. Is your child overweight? | Yes / No / Unknown |

My child often...

- | | |
|---|--------------------|
| 1. Does not seem to listen when spoken to directly. | Yes / No / Unknown |
| 2. Has difficulty organising tasks and activities. | Yes / No / Unknown |
| 3. Is easily distracted by extraneous stimuli. | Yes / No / Unknown |
| 4. Fidgets with hands or feet or squirms in a seat. | Yes / No / Unknown |
| 5. Is 'on the go' or often acts as if 'driven by a motor'. | Yes / No / Unknown |
| 6. Interrupts or intrudes on others (e.g. butts into conversations or games). | Yes / No / Unknown |

If you answer 'Yes' to 8 or more of these questions then your child is 'at risk' of Sleep Disordered Breathing and you should bring this to the attention of your child's doctor for further assessment. **Note:** This questionnaire is a screening tool and does not definitely mean your child has or does not have Sleep Disordered Breathing but research estimates it is ~85% accurate at identifying 'at risk' individuals. If you are unsure, consult your doctor.