

Child Sleep Apnea Questionnaire

- Does your child:
 - Snore more than half the time
 - Always snore
 - Snore loudly
 - Have “heavy” or loud breathing
 - Have trouble breathing
 - Tend to breath through their mouth during the day
 - Have dry mouth when waking in the morning
 - Clench or grind their teeth while sleeping
 - Occasionally wet the bed
 - Awake un-refreshed in the morning
 - Experience sleepiness during the day
 - Wake up with headaches
 - Often have difficulty organizing tasks & activities
 - Fidget or squirm
 - Often interrupt or intrude?
- Have you ever seen your child stop breathing during sleep?
 - Yes
 - No
- Has a teacher or supervisor commented that your child appears sleepy during the day?
 - Yes
 - No
- Is it hard to wake your child up in the morning?
 - Yes
 - No
- Did your child ever stop growing at a normal rate?
 - Yes
 - No
- Is your child overweight
 - Yes
 - No
- Does your child not seem to listen when spoke to directly?
 - Yes
 - No
- Is your child easily distracted?
 - Yes
 - No
- Is your child often “on the go” or act as if “motor driven”
 - Yes
 - No