

Pediatric Sleep Questionnaire

While Sleeping Does Your Child:

___ Snore more than half the time

___ Always Snore

___ Snore loudly

___ Have heavy or loud breathing

___ Have trouble breathing or Struggle to Breathe

___ Have you ever seen your child stop breathing during the night?

Does your Child...?

___ Tend to Breathe through the Mouth during the day

___ Have a Dry mouth on waking up in the morning

___ Occasionally wet the bed

___ Grind their teeth while sleeping

___ Are there bite problems or crowded teeth

___ Wake up Unrefreshed in the morning

___ Have a problem with sleepiness during the day

___ Has a teacher or other individual commented that your child appears sleepy during the day

___ Is it hard to wake your child in the morning

___ Does your child wake up with headaches in the morning

___ Did your child stop growing at a normal rate at any time since birth

___ Is your child overweight, What is their weight ___ pounds & height ___

___ Does your child complain of restless/achy legs when asleep or in bed

___ Do your child's arms or legs "twitch" during sleep

___ Does your child have frequent Nightmares (more than one per week) that may disturb him/her during the night