

Child's Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Person completing form / Relationship to child: \_\_\_\_\_

**How often would you say your child snores?**

NEVER                      OCCASIONALLY                      FREQUENTLY                      CONSTANTLY

	YES	NO	DON'T KNOW
<b>1. While sleeping, does your child:</b>			
Grind the teeth? .....	Y	N	DK
Move a lot? Toss and turn in bed?.....	Y	N	DK
Have night sweats? .....	Y	N	DK
Have frequent awakenings? .....	Y	N	DK
Wake up to go to the bathroom? .....	Y	N	DK
<b>2. While sleeping, does your child:</b>			
Snore more than half of the time? .....	Y	N	DK
Always snore? .....	Y	N	DK
Snore loudly? .....	Y	N	DK
Have a "heavy" or loud breathing? .....	Y	N	DK
Have trouble breathing, or struggle to breathe? .....	Y	N	DK
<b>3. Have you ever seen your child stop breathing during the night? .....</b>	Y	N	DK
<b>4. Does your child?</b>			
Tend to breathe through the mouth during the day? .....	Y	N	DK
Have a dry mouth on waking up in the morning? .....	Y	N	DK
Occasionally wet the bed? .....	Y	N	DK
<b>5. Does your child?</b>			
Wake up feeling unrefreshed in the morning? .....	Y	N	DK
Have a problem with sleepiness during the day? .....	Y	N	DK
<b>6. Has anyone commented that your child appears sleepy during the day? .....</b>	Y	N	DK
<b>7. Is it hard to wake your child up in the morning? .....</b>	Y	N	DK
<b>8. Does your child wake up with headaches in the morning? .....</b>	Y	N	DK
<b>9. Did your child stop growing at a normal rate at any time since birth? .....</b>	Y	N	DK
<b>10. Is your child overweight? .....</b>	Y	N	DK
<b>11. Your child <i>OFTEN</i>:</b>			
Does not seem to listen when spoken to directly .....	Y	N	DK
Has difficulty organizing tasks and activities .....	Y	N	DK
Is easily distracted by extraneous stimuli .....	Y	N	DK
Fidgets with hands or feet or squirms in seat .....	Y	N	DK
Is "on the go" or often acts as if "driven by a motor" .....	Y	N	DK
Interrupts or intrudes on others (e.g. butts into conversation or games) .....	Y	N	DK