Pediatric Sleep Questionnaire

Patient Name: ___________________________ DOB: ______________ MR#: ______________ Date of Service: ______________

While sleeping, does your child...	YES	NO	DON'T KNOW
1. Snore more than half the time?	☐	☐	☐
2. Always snore?	☐	☐	☐
3. Snore loudly?	☐	☐	☐
4. Have “heavy” or loud breathing?	☐	☐	☐
5. Have trouble breathing or struggle to breathe?	☐	☐	☐

Have you ever...	YES	NO	DON'T KNOW
6. Seen your child stop breathing during the night?	☐	☐	☐

Does your child...	YES	NO	DON'T KNOW
7. Tend to breathe through the mouth during the day?	☐	☐	☐
8. Have a dry mouth on waking up in the morning?	☐	☐	☐
9. Occasionally wet the bed?	☐	☐	☐
10. Wake up feeling un-refreshed in the morning?	☐	☐	☐
11. Have a problem with sleepiness during the day?	☐	☐	☐
12. Has a teacher or other supervisor commented that your child appears sleepy during the day?	☐	☐	☐
13. Is it hard to wake your child up in the morning?	☐	☐	☐
14. Does your child wake up with headaches in the morning?	☐	☐	☐
15. Did your child stop growing at a normal rate at any time since birth?	☐	☐	☐
16. Is your child overweight?	☐	☐	☐

This child often...	YES	NO	DON'T KNOW
17. Does not seem to listen when spoken to directly.	☐	☐	☐
18. Has difficulty organizing tasks.	☐	☐	☐
19. Is easily distracted by extraneous stimuli.	☐	☐	☐
20. Fidgets with hands or feet, or squirms in seat.	☐	☐	☐
21. Is “on the go” or often acts as if “driven by a motor.”	☐	☐	☐
22. Interrupts or intrudes on others (e.g., butts into conversations or games).	☐	☐	☐

Total Score ____

Chervine et al., Pediatric Sleep Questionnaire: Validity and reliability of scales for sleep-disordered breathing, snoring, sleepiness, and behavioral problems, Sleep Medicine 2000;1:21-32.

Rev. 10/16/2020