

ENT Clinic of Iowa, P.C.

Children's Sleep Questionnaire

Please take the time to fill out this information for your child, so we may better understand his or her condition.

While sleeping, does your child...	Snore more than half the time?	Yes/No
	Always snore?	Yes/No
	Snore loudly?	Yes/No
	Have "heavy" or loud breathing?	Yes/No
	Have trouble breathing or struggle to breathe?	Yes/No

Have you ever seen your child stop breathing during the night? Yes/No

Does your child...	Tend to breathe through the mouth during the day?	Yes/No
	Have a dry mouth on waking up in the morning?	Yes/No
	Occasionally wet the bed?	Yes/No
	Wake up feeling unrefreshed in the morning?	Yes/No
	Have a problem with sleepiness during the day?	Yes/No

Has a teacher or other 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

Does your child wake up with headaches in the morning? Yes/No

Did your child stop growing at a normal rate at any time since birth? Yes/No

Is your child overweight? Yes/No

Please mark the following statements if they apply to your child.

_____ My child does not seem to listen when spoken to directly.

_____ My child has difficulty organizing tasks and activities.

_____ My child is easily distracted by extraneous stimuli.

_____ My child fidgets with hands or feet or squirms in seat.

_____ My child is 'on the go' or often acts as if 'driven by a motor'.

_____ My child interrupts or intrudes on others (i.e., conversations or games).