

Please answer the following questions as they pertain to your child in the past month.	
<b>1. While sleeping, does your child:</b>	
Snore more than half the time?	Y N DK
Always snore?	Y N DK
Snore loudly?	Y N DK
Have “heavy” or loud breathing?	Y N DK
Have trouble breathing, or struggle to breathe?	Y N DK
<b>2. Have you ever seen your child stop breathing during the night?</b>	Y N DK
<b>3. 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>4. 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>5. Has a teacher or other supervisor commented that your child appears sleepy during the day?</b>	Y N DK
<b>6. Is it hard to wake your child up in the morning?</b>	Y N DK
<b>7. Does your child wake up with headaches in the morning?</b>	Y N DK
<b>8. Did your child stop growing at a normal rate at any time since birth?</b>	Y N DK
<b>9. Is your child overweight?</b>	Y N DK
<b>10. This child often:</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 conversations or games)	Y N DK

**Scoring:** Score = (number of positive responses) / (number of items answered with Yes or No).

Scores  $\geq 0.33$  suggest high risk for pediatric obstructive sleep apnea.<sup>14</sup>