

Pediatric Sleep Questionnaire

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(Pediatric Sleep Questionnaire: validity and reliability of scales for sleep-disordered breathing, snoring, sleepiness, and behavioural problems) For ages 2-18.

This questionnaire has been developed in a research setting and is the subject of further research at present. It can be useful as a screening questionnaire to help determine whether your child has a breathing related sleep disorder (BRSD).

Only a physician is qualified to diagnose a BRSD, if your child scores eight or more positive answers, a consultation with a physician is recommended.

Should your child's sleep be disturbed for whatever reason, their behaviour will also be affected. Think in terms of yourself as an adult, you have undoubtedly gone without sleep at some time in your life, perhaps while your child was up sick all night. How did your sleep deprivation affect your mood, general disposition, energy level and ability to perform, function and think the following day? A child that is sleep deprived could feel likewise on a daily basis, trying their very best to function under these debilitating circumstances. Many times a BRSD can be corrected with a simple Tonsillectomy or Adenoidectomy. Eight or more positive answers indicates the need for a consultation with a physician



Determine The Quality of Your Child's Sleep

- ___ While Sleeping, does your child snore more than half the time?
- ___ While Sleeping, does your child always snore?
- ___ While Sleeping, does your child snore loudly?
- ___ While Sleeping, does your child have "heavy" or loud breathing?
- ___ While Sleeping, does your child have trouble breathing, or struggle to breath?
- ___ Have you ever seen your child stop breathing during the night?
- ___ Does your child tend to breathe through the mouth during the day?
- ___ Does your child have a dry mouth on waking up in the morning?
- ___ Does your child occasionally wet the bed?
- ___ Does your child wake up unrefreshed in the morning?
- ___ Does your child have a problem with sleepiness during the day?
- ___ Has a teacher or supervisor commented -your child appears sleepy during the day?
- ___ Is it hard to wake your child up 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?
- ___ This child often does not seem to listen when spoken to directly
- ___ This child often has difficulty organizing task and activities
- ___ This child often is easily distracted by extraneous stimuli
- ___ This child often fidgets with hands or feet or squirms in seat
- ___ This child often is 'on the go' or often acts as if 'driven by a motor'
- ___ This child often interrupts or intrudes on others (butts into conversations or games)