Screening Questionnaire: Obstructive Sleep Apnea

Name: ________________________________ Person completing form: __________________ Date: __/__/____

Please answer the following questions as they pertain to your child in the past month.

1. While sleeping, does your child:
   - 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

2. Have you ever seen your child stop breathing during the night? ......................... Y N DK

3. Does your child:
   - 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

4. Does your child:
   - Wake up feeling unrefreshed in the morning? .................... Y N DK
   - Have a problem with sleepiness during the day? ............... Y N DK

5. Has a teacher or other supervisor commented that your child appears sleepy during the day? ................. Y N DK

6. Is it hard to wake your child up in the morning? ................. Y N DK

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7. Does your child wake up with headaches in the morning? ............ Y N DK
8. Did your child stop growing at a normal rate at any time since birth? ........................................... Y N DK
9. Is your child overweight? ........................................... Y N DK
10. This child often:
    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
    Does not seem to listen when spoken to directly ......................... Y N DK
    Is “on the go” or often acts as if “driven by a motor” ................. Y N DK
    Interrupts or intrudes on others (eg., butts into conversations or games). Y N DK

**Scoring**

Yes = 1
No = 0

Average all scores to obtain a score between 0.00 and 1.00. Preliminary analyses suggest a cut-off of >0.33 for abnormal.


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