

# 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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From: Mindell JA & Owens JA (2003). *A Clinical Guide to Pediatric Sleep: Diagnosis and Management of Sleep Problems*. Philadelphia: Lippincott Williams & Wilkins.

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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.

(For more information see Chervin RD, Hedger K, Dillon JE, Pituch KJ (2000). *Pediatric Sleep Questionnaire (PSQ): validity and reliability of scales for sleep-disordered breathing, snoring, sleepiness, and behavioral problems. Sleep Medicine 1:21-32.*)

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