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Pediatric Sleep & Airway Questionnaire

Patient's Name____ Date_________________ DOB_______________

Introduction and Background

In general, when children sleep, they should sleep with their mouth closed, breathing quietly through their nose. If this is not the case, then your child may have some component of sleep disturbance. Your observations of your child's sleep pattern will help us determine whether the noisy breathing or snoring is significant and if it warrants further evaluation or treatment.

Parental Instructions

Please answer the questions below regarding the behavior of your child during sleep and when awake. It is important to watch your child sleep when in good health (not when sick) and answer the questions for an "average" night's sleep. After an initial "settling" period that typically takes 10 to 20 minutes, children drift back and forth between different non rapid eye movement (REM) sleep. Eventually, REM sleep is entered after about 60 to 90 minutes. This is the stage when sleep disturbed breathing is most likely to be observed. You should plan to sit in their bedroom and observe their sleep pattern for 10-15 minutes on 5-6 separate evenings. Please circle the appropriate response.

- **Occasionally** means "on less than half the nights" or "less than half the time."
- **Usually** means "on more than half the nights" or "more than half the time."
- **When sick** means if the problem is only noted with illness.

When sleeping, on a typical night

Snoring ☐ loud ☐ medium ☐ soft	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick
Loud or heavy breathing	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick
Sleeps with the mouth open	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick
Repeatedly cough, gag or gasp	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick
Moves about restlessly	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick
Struggles to breathe	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick
Pauses or stops breathing __________ seconds	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick
Episodes of self-awakening or arousal	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick
Bed wetting (after being dry)	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick

Daytime

Mouth breathing or lips apart during the day	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick
Difficult to wake after sleeping	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick
Sleepy or tired during the day	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick
Overly active or hyperactive	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick
Has attention or learning problems	☐ Never	☐ Occasionally	☐ Usually	☐ Nightly	☐ When sick

Do you worry about your child's sleep? ☐ Never ☐ Occasionally ☐ Usually ☐ Nightly ☐ When sick

Weight ☐ Underweight ☐ Normal weight ☐ Overweight

QUALITY OF LIFE SURVEY (OSA-18)

	None of the time	Hardly any of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
Sleep disturbance							
During the past 4 weeks, how often has your child had...							
...loud snoring?	1	2	3	4	5	6	7
...breath-holding spells or pauses in breathing at night?	1	2	3	4	5	6	7
...choking or making gasping sounds while asleep?	1	2	3	4	5	6	7
..restless sleep or frequent awakening?	1	2	3	4	5	6	7
Physical symptoms							
During the past 4 weeks, how often has your child had...							
..mouth breathing because of nasal obstruction?	1	2	3	4	5	6	7
..frequent colds or upper respiratory infections?	1	2	3	4	5	6	7
..nasal discharge or runny nose?	1	2	3	4	5	6	7
..difficulty swallowing?	1	2	3	4	5	6	7
Emotional symptoms							
During the past 4 weeks, how often has your child had...							
..mood swings or temper tantrums?	1	2	3	4	5	6	7
..aggressive or hyperactive behavior?	1	2	3	4	5	6	7
..discipline problems?	1	2	3	4	5	6	7
Daytime function							
During the past 4 weeks, how often has your child had...							
..excessive daytime sleepiness?	1	2	3	4	5	6	7
..poor attention span or concentration?	1	2	3	4	5	6	7
..difficulty getting up in the morning?	1	2	3	4	5	6	7
Caregiver concerns							
During the past 4 weeks, how often have the problems above...							
..caused you to worry about your child's general health?	1	2	3	4	5	6	7
..created concern that your child is not getting enough air?	1	2	3	4	5	6	7
..interfered with your ability to perform daily activities?	1	2	3	4	5	6	7
..made you frustrated?	1	2	3	4	5	6	7

SCORE_______________
0-60 small impact on health-related quality of life
60-80 moderate impact
80+ severe impact