Pediatric Sleep Snoring Assessment

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 “snoring” is significant and warrants further evaluation or treatment.

Parent Instructions
Please answer the questions below regarding the behavior of your child during sleep and when awake. Please watch your child sleep when in good health and answer the questions for an “average” night’s sleep. Specifically, after your child has been asleep for 30-60 minutes, 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.”
Choose “when ill” if the problem is only noted with illness.

When sleeping, on a typical night, does your child……..

Snore? Never Occasionally Usually Nightly When ill

Is it loud medium soft ?

Have loud or heavy breathing? Never Occasionally Usually Nightly When ill

Sleep with the mouth open? Never Occasionally Usually Nightly When ill

Repeatedly cough, gag or gasp? Never Occasionally Usually Nightly When ill

Move about restlessly? Never Occasionally Usually Nightly When ill

Struggle to breathe? Never Occasionally Usually Nightly When ill

Pause or stop breathing? Never Occasionally Usually Nightly When ill

If so, how many seconds? _______

Wake up with a snorting sound? Never Occasionally Usually Nightly When ill

Have episodes of self-awakening? Never Occasionally Usually Nightly When ill

Wet the bed? (after being potty-trained and dry) Never Occasionally Usually Nightly When ill

Is your child………

A mouthbreather during the day? Never Occasionally Usually Daily When ill

Hard to wake after sleeping? Never Occasionally Usually Daily When ill

Sleepy or tired during the day? Never Occasionally Usually Daily When ill

Overly active, have attention or learning problems? Never Occasionally Usually Daily When ill

Circle one: Underweight Normal weight Overweight Don’t know

Do you worry about your child’s sleep? Never Occasionally Usually Nightly When ill