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