## Pediatric/Adolescent Sleep Related Breathing Disorders Questionnaire

## Please check all that apply to the patient

- \_Moody or hyperactive after a good night's sleep
- \_Has difficulty paying attention
- \_Is sleepy during the day
- \_Heavy or loud breathing
- \_Breathes through his/her mouth during the day
- \_Wakes up with a dry mouth
- \_Wakes up with headaches
- \_Grinds his/her teeth while sleeping
- \_Snores while sleeping
- \_Gasps for air or stops breathing while sleeping
- \_Doesn't sleep soundly
- \_Sleeps with chin thirsted upward or on stomach or in weird positions
- \_Frequently wets the bed
- \_Overweight
- \_Has large adenoids/tonsils

Patient name and date: \_\_\_\_\_\_

Signature of person completing the questionnaire: \_\_\_\_\_