PEDIATRIC SLEEP QUESTIONNAIRE (ENGLISH)

For each of the following questions circle yes, no, or don't know as best describes your child's sleep.

While sleeping, does your child ….			
1. Snore more than half the time?	Yes	No	Don't Know
2. Always snore?	Yes	No	Don't Know
3. Snore loudly?	Yes	No	Don't Know
4. Have 'heavy' or loud breathing?	Yes	No	Don't Know
5. Have trouble breathing, or struggle to breathe?	Yes	No	Don't Know
Have you ever….			
6. Seen your child stop breathing during the night?	Yes	No	Don't Know
Does your child …			
7. Tend to breath through the mouth during the day?	Yes	No	Don't Know
8. Have a dry mouth on waking in the morning?	Yes	No	Don't Know
9. Occasionally wet the bed?	Yes	No	Don't Know
10. Wake up feeling unrefreshed in the morning?	Yes	No	Don't Know
11. Have a problem with sleepiness during the day?	Yes	No	Don't Know
12. Have a teacher or other supervisor comment that your child appears sleepy during the day	Yes	No	Don't Know
Other…	Yes	No	Don't Know
13. Is it hard to wake up your child in the morning?	Yes	No	Don't Know
14. Does your child wake up with headaches in the morning?	Yes	No	Don't Know
15. Did your child stop growing at a normal rate at any time since birth?	Yes	No	Don't Know
16. Is your child overweight?	Yes	No	Don't Know
This child often …	Yes	No	Don't Know
17. Does not seem to listen when spoken to directly.	Yes	No	Don't Know
18. Has difficulty organizing tasks and activities.	Yes	No	Don't Know
19. Is easily distracted by extraneous stimuli.	Yes	No	Don't Know
20. Fidgets with hands or feet or squirms in seat.	Yes	No	Don't Know
21. Is 'on the go' or often acts as if 'driven by a motor'.	Yes	No	Don't Know
22. Interrupts or intrudes on others (e.g., interrupts conversations or games).	Yes	No	Don't Know

Source: https://verveortho.com/wp-content/uploads/2017/10/PSQ.pdf