THE SLEEP DISORDERS CLINIC
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SLEEP/WAKE QUESTIONNAIRE FOR UNDER 16 YEARS

NAME:	DATE:
DATE OF BIRTH:	GENDER: Male ☐ Female ☐
REFERRING PHYSICIAN:	
FAMILY PHYSICIAN:	
Height: cm	Weight: kg
Height: inches	Weight: lb

General Information:

Questionnaire filled out by: Mom_____ Dad_____ Other_____

What is your childôs sleep complaints/problems?

_____
_____
_____

Has your child had a sleep study before? Yes_____ No_____

If yes: When? _____
Where? _____

What were the results?

_____
_____

Sleep History:

Does your child nap? Yes_____ No_____
Time(s)_____

Normal evening bedtime: _____

How long does it take for your child to fall asleep? _____

What time does your child get up in the morning? _____

Does your child sleep in his/her own bed? Yes_____ No_____

How many hours sleep does your child get?
Weekdays_____
Weekends_____

Snoring:

Does your child snore? _____

Every night?_____

Is it continuous? _____

How would you rate the snoring: mild _____ mod _____ loud _____ ext loud _____

At what age did the snoring start? _____

Medical History:

Current illness/diagnosis:_____

Does your child have?

Wheezes	☐ **Yes**	☐ **No**	☐ **Not Sure**	☐ **Past Illness**
Allergies	☐ **Yes**	☐ **No**	☐ **Not Sure**	☐ **Past Illness**
Asthma	☐ **Yes**	☐ **No**	☐ **Not Sure**	☐ **Past Illness**
Ear Infections	☐ **Yes**	☐ **No**	☐ **Not Sure**	☐ **Past Illness**
Nasal Congestion	☐ **Yes**	☐ **No**	☐ **Not Sure**	☐ **Past Illness**
Repeated colds	☐ **Yes**	☐ **No**	☐ **Not Sure**	☐ **Past Illness**

Has your child had?

Tonsils removed	☐ **Yes**	☐ **No**	**At what age?** _____
Adenoids removed	☐ **Yes**	☐ **No**	**At what age?** _____
Cranio-facial procedures	☐ **Yes**	☐ **No**	**At what age?** _____
Head/face traumas	☐ **Yes**	☐ **No**	**At what age?** _____

Current medications/dosage/last time taken:

1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE ANSWER THE FOLLOWING QUESTIONS USING THIS RATING:

Never	
Seldom	**(1-3 nights/month)**
Occasionally	**(3 or more nights/month)**
Always	**(every night)**

Breathing during sleep:

Mouth breaths	Never	Seldom	Occasionally	Always
Gasps for air	Never	Seldom	Occasionally	Always
Makes choking sounds	Never	Seldom	Occasionally	Always
Stops breathing with no effort	Never	Seldom	Occasionally	Always
Stops breathing despite chest movement	Never	Seldom	Occasionally	Always
Has blue/pale gray spells	Never	Seldom	Occasionally	Always
Makes noise while breathing in	Never	Seldom	Occasionally	Always
Appears to struggle to breath	Never	Seldom	Occasionally	Always
Is your child congested	Never	Seldom	Occasionally	Always

Behaviours during sleep:

Wake up more than twice/night	Never	Seldom	Occasionally	Always
After waking, has trouble falling back to sleep	Never	Seldom	Occasionally	Always
Complains of irritable/restless legs	Never	Seldom	Occasionally	Always
Has night sweats (Soaks sheets)	Never	Seldom	Occasionally	Always
Sleep walks	Never	Seldom	Occasionally	Always
Talks	Never	Seldom	Occasionally	Always
Grinds teeth	Never	Seldom	Occasionally	Always
Wakes up crying and upset	Never	Seldom	Occasionally	Always
Has nightmares	Never	Seldom	Occasionally	Always
Rocks body	Never	Seldom	Occasionally	Always
Bangs head	Never	Seldom	Occasionally	Always
Vomits	Never	Seldom	Occasionally	Always
Coughs	Never	Seldom	Occasionally	Always
Wets the bed	Never	Seldom	Occasionally	Always
Seizures/shaking spells	Never	Seldom	Occasionally	Always

In the morning does your child:

Have difficulties waking up	Never	Seldom	Occasionally	Always
Wake up feeling tired	Never	Seldom	Occasionally	Always
Have difficulties moving upon awakening	Never	Seldom	Occasionally	Always
Have headaches	Never	Seldom	Occasionally	Always

During the day does your child:

Get sleepy	Never	Seldom	Occasionally	Always
Suddenly fall asleep at inappropriate times	Never	Seldom	Occasionally	Always
Become physically tired	Never	Seldom	Occasionally	Always
Has food allergies/dietary restrictions	Never	Seldom	Occasionally	Always
Are any teachers concerned with daytime sleepiness	Never	Seldom	Occasionally	Always
Demonstrate hyperactive behaviours	Never	Seldom	Occasionally	Always