

NHI:

Last Name First Name

DOB Gender ...M / F Ethnicity

Caregiver:.....

(print)

Date

Please answer on behalf of your child for the past month. If you don't know, circle "?"

- Does your child have any of the following:** **Please circle eg** Yes / No / ?
- A constant blocked or runny nose? Yes / No / ?
 - Recurrent chest infections/pneumonia? Yes / No / ?
 - An airway narrowing or abnormality? Yes / No / ?
 - A syndrome or other major health problem? Yes / No / ?
- Type
- Does your child have large tonsils? Yes / No / ?
 - Has your child had their adenoids or tonsils removed? Yes / No / ?

While sleeping, does your child . . .

- 1. snore more than half the time? Yes / No / ?
- 2. always snore? Yes / No / ?
- 3. snore loudly? Yes / No / ?
- 4. have trouble breathing, or struggle to breathe? Yes / No / ?
- 5. have "heavy" or loud breathing? Yes / No / ?
- 6. Have you ever seen your child stop breathing during the night? Yes / No / ?

Does your child . . .

- 7. tend to breathe through the mouth during the day? Yes / No / ?
- 8. have a dry mouth on waking up in the morning? Yes / No / ?
- 9. occasionally wet the bed? Yes / No / ?
- 10. wake up feeling unrefreshed in the morning? Yes / No / ?
- 11. have a problem with sleepiness during the day? Yes / No / ?
- 12. Has a teacher commented that your child appears sleepy during the day? Yes / No / ?
- 13. Is it hard to wake your child up in the morning? Yes / No / ?
- 14. Does your child wake up with headaches in the morning? Yes / No / ?
- 15. Did your child stop growing at a normal rate at any time since birth? Yes / No / ?
- 16. Is your child overweight? Yes / No / ?

My child often . . .

- 17. does not seem to listen when spoken to directly. Yes / No / ?
- 18. has difficulty organizing task and activities. Yes / No / ?
- 19. is easily distracted by extraneous stimuli. Yes / No / ?
- 20. fidgets with hands or feet or squirms in seat. Yes / No / ?
- 21. is 'on the go' or often acts as if 'driven by a motor'. Yes / No / ?
- 22. interrupts or intrudes on others (e.g. butts into conversations or games). Yes / No / ?

This questionnaire is based on the Chervin Paediatric Sleep Related Breathing Disorder Questionnaire (Sleep Medicine, 2000). It is intended as an adjunct for the assessment of children and young people with possible sleep disordered breathing and should not be used to 'rule it out.' Chervin et al found that after scoring responses to questions 1-22 with a 1 for "yes" and a 0 for "no" a mean score of >0.33 had a sensitivity 81% of and a specificity of 87% for obstructive sleep apnoea in children aged 2-18 years as defined by polysomnography (AHI >5). Where the response was "don't know" or "?", the response received no score but the denominator was decreased accordingly. For example an individual whom has 5 yes responses and 13 no responses scores 5/18 or 0.28. While the score does not 'load' responses, the first seven responses were the highest predictors for sleep disordered breathing.