

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		Don't know
4.	Have 'heavy' or loud breathing?	Yes		Don't know
5.	Have trouble breathing, or struggle to breathe?	Yes		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		Don't know
10.	Wake up feeling unrefreshed in the morning?	Yes		Don't know
11.	Have a problem with sleepiness during the day?	Yes		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:				
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?		No	Don't know
16.	Is your child overweight?	Yes		
This (hild often	Yes	INO	Don't know
17.	Does not seem to listen when spoken to directly.	V	NT.	D 24 1
18.	Has difficulty organizing tasks and activities.	Yes		Don't know
19.	Is easily distracted by extraneous stimuli.	Yes		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
		Yes	No	Don't know