

Pediatric Sleep Questionnaire (PSQ)

Instruction:

Please answer the questions on the following pages regarding the behavior of your child during sleep and wakefulness. The questions apply to how your child acts in general, not necessarily during the past few days since these may not have been typical if your child has not been well. If you are not sure how to answer any question, please feel free to ask your husband or wife, child, or physician for help.

While sleeping, does your child...

	Yes	No	Don't Know
1. snore more than half the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. always snore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. snore loudly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. have "heavy" or loud breathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. have trouble breathing, or struggle to breath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever seen your child stop breathing during the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child...

	Yes	No	Don't Know
7. tend to breathe through the mouth during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. have a dry mouth or waking up in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. wake up feeling unrefreshed in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. have a problem with sleepiness during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Often not seem to listen when spoken to directly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Often have difficulty organizing tasks and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Often fidget with their hands or feet or squirm in their seat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. often seem "on the go" or often act as if "driven by a motor"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. often interrupt or intrude on others (in verbal or non-verbal ways, e.g. butts into conversations or games)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. often gets easily distracted by extraneous stimuli? (i.e., things many people would consider, background " , like a fly buzzing across the room)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[IS CHILD TOILET TRAINED? ASK ONLY IF "YES"]

	Yes	No	Don't Know
17. Does your child occasionally wet the bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Don't Know
18. Is it hard to wake your child up in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Did your child stop growing at a normal rate at any time since birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is your child overweight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has a teacher or other supervisor commented that your child appears sleepy during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[COULD CHILD COMMUNICATE IF S/HE HAD A HEADACHE? ONLY IF "YES"]

	Yes	No	Don't Know
22. Does your child wake up with headaches in the morning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>