

Spanish Fork Clinic
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Spanish Fork, UT 84660
Tel: 798-7301 (Family Practice)
894-1333 (pediatrics)
798-1743 (OB/Gyn)

Art City Medical Center
5 E. 400 N.
Springville, UT 84663
Tel: 489-8464



Santaquin Medical Clinic
57 West Main
Santaquin, UT 84655
Tel: 754-3122

Payson Pediatrics
15 S. 1000 N. # 105
Payson, UT 84651
Tel: 465-9480

Sleep Questionnaire

- Have you observed your child sleeping? Yes/No (circle one)
- Where does your child sleep?
- Does your child sleep in a bed?
- If yes, what is the age of the mattress _____, type of pillow _____, age of pillow _____, age of pillow/mattress covers _____.
- What is the child's usual bedtime?
- What is the child's bedtime behavior (e.g. resistance)?
- Does the child have any nighttime awakenings?
- Does the child have any parasomnias (sleep talking, walking, nightmares)?
- What is the child's usual sleeping position?
- Is there any excessive movement during sleep (thrashing or restlessness)?
- What is the child's usual time of awakening?
- Does the child have any problems awakening in the morning?
- Age at onset of snoring?
- How many nights a week does snoring occur (only with upper respiratory infections, nightly, most nights of the week)?
- What is the quality of the snoring (does it disturb others, pitch, harshness)?
- Are there any pauses in the snoring?
- Does the child struggle to breathe or increase breathing efforts during sleep?
- Have you observed inward rib cage motion?
- What is the child's neck position while snoring?
- Have you tried any interventions (change in head position, prop up on pillows, awaken child, etc.)?
- Is the child excessively sleepy during the daytime or have more naps during the day than is usual for the child's age?
- Does the child exhibit any behavioral problems (cranky, irritable, oppositional, inattentive, hyperactive, poor school performance, morning headaches, difficulty awakening in morning)?
- Has the child experienced a loss of milestones?
- How is the child's school performance?
- Does the child experience memory problems, daydreaming, or phasing out and unresponsive to questions during the day?
- Do you notice mouth breathing?
- Do you suspect a nasal blockage?
- Does the child have a constant runny nose?
- Does the child experience frequent sore throats?
- How are the child's eating habits (Is the child eating enough of a variety of foods)?
- How is the child's growth?

- Does the child have any allergies or nasal congestion?
- List any current medications the child is taking
- Has the child ever had airway manipulation (e.g. intubation in neonatal intensive care unit)?
- Has the child had a previous airway surgery (adenoidectomy, tonsillectomy, uvulopalatopharyngoplasty)?
- Has the child had a previous cleft lip and/or palate repair, previous nasal surgery?
- Has the child had recent weight gain?
- Does the child have any thyroid or other metabolic problems?
- Is there a family history of snoring, OSAS, UARS, obesity, or family members on CPAP?
- Has the child been exposed to smoke?
- Does the child experience frequent awakenings during the night?
- Does the child sleep in any unusual positions?
- Does the child sweat while he/she sleeps?