



# Respiratory Physiology Paediatric OSAS Screening Questionnaire

SURNAME \_\_\_\_\_ NHI \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX \_\_\_\_\_

Please ensure patient details are completed here

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 / ?

PAEDIATRIC OSAS SCREENING QUESTIONNAIRE CR9035

