C H A	CHILDHOOD ADENOTONSILLECTOMY STUDY Pediatric Sleep Questionnaire Visit		Participant ID: Participant Initials: Site:	
Т	[Parent Completed]		Date: / RC ID:	
1.	While sleeping, does your child: 1a. Snore more than half the time? psla 1b. Always snore? pslb 1c. Snore loudly? pslc 1d. Have "heavy" or loud breathing? psld 1e. Have trouble breathing, or struggle to breathe? psle	☐1 Yes ☐1 Yes ☐1 Yes ☐1 Yes ☐1 Yes	□0 No □0 No □0 No □0 No □0 No □0 No	88 Don't Know
2.	Have you ever seen your child stop breathing during the night? psl2	□₁ Yes	□₀ No	☐ ₈₈ Don't Know
3. psl3a psl3b psl3c	Does your child: 3a. Tend to breathe through the mouth during the day? 3b. Have a dry mouth on waking up in the morning? 3c. Occasionally wet the bed?	□₁ Yes □₁ Yes □₁ Yes	□₀ No □₀ No □₀ No	☐ ₈₈ Don't Know ☐ ₈₈ Don't Know ☐ ₈₈ Don't Know
4. psl4a psl4b	Does your child: 4a. Wake up feeling unrefreshed in the morning? 4b. Have a problem with sleepiness during the day?	□₁ Yes □₁ Yes	□₀ No □₀ No	☐ ₈₈ Don't Know ☐ ₈₈ Don't Know
5 . psl5	Has a teacher or other supervisor commented that your child appears sleepy during the day?	□₁ Yes	□₀ No	□ ₈₈ Don't Know
6. psl6	Is it hard to wake your child up in the morning?	□₁ Yes	□₀ No	□ ₈₈ Don't Know
7.	Does your child wake up with headaches in the morning?	□₁ Yes	□₀ No	□ ₈₈ Don't Know
8. psl8	Did your child stop growing at a normal rate at any time since birth?	□₁ Yes	□₀ No	☐ ₈₈ Don't Know
9. psl	Is your child overweight?	□₁ Yes	□ ₀ No	□ ₈₈ Don't Know
psl10a psl10c psl10e	10b. Has difficulty organizing tasks and activities. psl10b 10c. Is easily distracted by extraneous stimuli. 10d. Fidgets with hands or feet or squirms in seat. psl10d	☐1 Yes ☐1 Yes ☐1 Yes ☐1 Yes ☐1 Yes ☐1 Yes	□₀ No □₀ No □₀ No □₀ No □₀ No □₀ No	B8 Don't Know