CLINICAL QUESTIONNAIRE · PEDIATRIC COMPLEX CARE PLATFORM

# Sleep-Disordered Breathing Questionnaire

Structured sleep history for children with suspected sleep-disordered breathing

| DOCUMENT TYPE | PUBLISHED | NEXT REVIEW DUE |
|---|---|---|
| Clinical Questionnaire | October 2026 | October 2028 |
| **OWNER** | **VERSION** | **APPLIES TO** |
| Pediatric Complex Care Platform | 1 | Pediatric patients |

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*Intended for healthcare professionals as a clinical reference. Apply with clinical judgment and in line with local protocols.*

**Patient:** _____ **Date:** _____ **Completed by:** _____

## Sleep routine and environment

| | | |
|---|---|---|
| **Bedtime routine** | | |
| **Bedroom environment** | Shares bedroom with | |
| | Co-sleeps with | |
| | Light / noise | |
| | Technology in room | |

| Sleep time | Weekday | Weekend |
|---|---|---|
| Bedtime | | |
| Time to fall asleep (normal 20–30 min) | | |
| Night awakenings: how often? | | |
| Night awakenings: how long? | | |
| Wake time | | |
| Naps (total hours) | | |
| Total sleep time in 24 hours | | |

| Night symptoms of sleep-disordered breathing | Y / N | Comment |
|---|---|---|
| Snoring | ☐ Y ☐ N | |
| Pauses in breathing | ☐ Y ☐ N | |
| Respiratory effort / awakening after pause in breathing | ☐ Y ☐ N | |
| Restless sleep | ☐ Y ☐ N | |
| Gasping | ☐ Y ☐ N | |
| Cyanosis | ☐ Y ☐ N | |
| Increased work of breathing | ☐ Y ☐ N | |
| Nocturnal diaphoresis | ☐ Y ☐ N | |
| Nocturnal enuresis | ☐ Y ☐ N | |
| Mouth breathing | ☐ Y ☐ N | |
| Neck hyperextension | ☐ Y ☐ N | |
| Paradoxical breathing | ☐ Y ☐ N | |

| Day symptoms of sleep-disordered breathing | Y / N | Comment |
|---|---|---|
| Sleepiness / tiredness / fatigue | ☐ Y ☐ N | |
| Hyperactivity | ☐ Y ☐ N | |
| Inattention | ☐ Y ☐ N | |
| Poor concentration | ☐ Y ☐ N | |
| Decline in school performance | ☐ Y ☐ N | |
| Morning headache | ☐ Y ☐ N | |

| Other nighttime symptoms | Y / N | Comment |
|---|---|---|
| Nightmares | ☐ Y ☐ N | |
| Night terrors | ☐ Y ☐ N | |
| Sleep-talking / sleepwalking | ☐ Y ☐ N | |
| Periodic limb movements | ☐ Y ☐ N | |
| Symptoms of narcolepsy | ☐ Y ☐ N | |

| Investigations and treatments | Y / N | Comment |
|---|---|---|
| Seen by sleep physician? | ☐ Y ☐ N | |
| Seen / scoped by ENT? When? Findings? | ☐ Y ☐ N | |
| Adenotonsillectomy? | ☐ Y ☐ N | |
| Oximetry / PSG? When? Findings? | ☐ Y ☐ N | |
| Morning VBG / CBG? When? Findings? | ☐ Y ☐ N | |
| Echocardiogram? When? Findings? | ☐ Y ☐ N | |
| Trial of INCS / montelukast? When? Benefit? | ☐ Y ☐ N | |
| CPAP / BPAP? Last download? | ☐ Y ☐ N | |
| Home oxygen? | ☐ Y ☐ N | |
| Melatonin? Sleep medications? | ☐ Y ☐ N | |

**Assessment / plan:** _____

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_____

_____

INCS = intranasal corticosteroid; PSG = polysomnography; VBG / CBG = venous / capillary blood gas.