QUINCY MEDICAL GROUP
Ear, Nose, & Throat

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Pediatric Sleep Questionnaire (PSQ)

Please answer the following questions (check best response):

1. While sleeping, does your child:

Snore more than half the time?	☐ Yes	☐ No	☐ Unknown
Always snore?	☐ Yes	☐ No	☐ Unknown
Snore loudly?	☐ Yes	☐ No	☐ Unknown
Have “heavy” or loud breathing?	☐ Yes	☐ No	☐ Unknown
Have trouble breathing or struggle to breathe?	☐ Yes	☐ No	☐ Unknown

2. Have you ever seen your child stop breathing during the night? ☐ Yes ☐ No ☐ Unknown

3. Does your child:

Tend to breathe through the mouth during the day?	☐ Yes	☐ No	☐ Unknown
Have a dry mouth on waking up in the morning?	☐ Yes	☐ No	☐ Unknown
Occasionally wet the bed?	☐ Yes	☐ No	☐ Unknown

4. Does your child:

Wake up feeling unrefreshed in the morning?	☐ Yes	☐ No	☐ Unknown
Have a problem with sleepiness during the day?	☐ Yes	☐ No	☐ Unknown

5. Has a teacher or other supervisor commented that your child appears sleeping during the day? ☐ Yes ☐ No ☐ Unknown

6. Is it hard to wake your child up in the morning? ☐ Yes ☐ No ☐ Unknown

7. Does your child wake up with headaches in the morning? ☐ Yes ☐ No ☐ Unknown

8. Did your child stop growing at a normal rate at any time since birth? ☐ Yes ☐ No ☐ Unknown

9. Is your child overweight? ☐ Yes ☐ No ☐ Unknown

10. This child often:

Does not seem to listen when spoken to directly.	☐ Yes	☐ No	☐ Unknown
Has difficulty organizing tasks and activities.	☐ Yes	☐ No	☐ Unknown
Is easily distracted by extraneous stimuli.	☐ Yes	☐ No	☐ Unknown
Fidgets with hands or feet or squirms in seat.	☐ Yes	☐ No	☐ Unknown
Is “on the go” or often acts as if “drive by a motor.”	☐ Yes	☐ No	☐ Unknown
Interrupts or intrudes on others (e.g. conversations or games)	☐ Yes	☐ No	☐ Unknown

Score _____

Number of “Yes” responses divided by Number of items with “Yes” or “No”
(Do not count responses with “Unknown” answers)