

NORTH COUNTY EAR, NOSE AND THROAT –
HEAD AND NECK SURGERY
Pediatric and Adult
2023 West Vista Way, Suite J
Vista, California 92083
(760) 726-2440 Fax (760) 726-0644

Name _____

Date _____

PEDIATRIC SNORING & AIRWAY OBSTRUCTION QUESTIONNAIRE

Please answer the following questions.

- 1.) How long has your child had snoring problems? _____
- 2.) How bad is the snoring? eg. mild, horrendously loud, can only be heard in child's room, can be heard several rooms away. _____
- 3.) In general, does your child sleep comfortably or does he or she look like they are struggling to breathe and are uncomfortable? _____
- 4.) What medicines if any have been tried and did they help? _____

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 5.) Do you think your child is getting adequate rest during sleep? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6.) Do you often need to change your child's position in bed to help them breathe more easily? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7.) Are you often somewhat afraid that your child will stop breathing and not start again? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8.) Is your child a very restless sleeper? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9.) Is your child particularly tired or irritable during the day as if they didn't get adequate sleep? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10) Does your child wet their bed? |

(OVER)

YES NO

- 11) If you were to watch your child closely during sleep do you think they would hold their breath and then make a kind of choking sound? If so,
a) how many times per hour do you guess this is happening?
0, 1, 2-4, more than 4
- 12) Has your child been on antibiotics since the snoring problem began? If so,
a) Which ones and for how many weeks did they take them?

- b) Did the antibiotics help the snoring? _____
- 13) Is your child frequently congested?
- 14) Is your child frequently mouthbreathing?
- 15) Does your child have problems eating? If so what kind of problems? _____
- _____
- 16) Does your child have any allergies? _____
- 17) Does your child have or need braces?
- 18) Does your child have lots of ear infections?
- 19) Does your child have frequent sore throats?
- 20) Does your child have any neck problems?
- 21) Has your child had any surgery on their tonsils, adenoid, ears, nose or sinuses? If so please describe; _____
- _____
- 22) Does your child have any other medical problems? If so please list and describe; _____
- _____

For office use:
