



Myo Sleep Kids Questionnaire



Patient Name: _____

Date: _____

Date of Birth: _____

Parent Name/s: _____

Please answer the following questions based on your child's average sleep habits/quality during the past month. If you are unsure about an answer to a question, please answer with a "?".

GOING TO SLEEP	YES	NO	?
Does your child have any problems going to bed or falling asleep?			
Does your child have a regular bedtime?			
Does your child have a regular wake time?			
Does your child's bedtime/wake time differ greatly between weekdays and weekends?			

WHILE SLEEPING	YES	NO	?
Does your child wake up often at night after falling asleep?			
Does your child snore for more than half the night's sleep duration?			
Does your child always snore while sleeping?			
Does your child snore loudly?			
Does your child have heavy or loud breathing habits while sleeping?			
Does your child have their mouth open while sleeping?			
Does your child have difficulty breathing at night while sleeping?			
Does your child ever stop breathing while sleeping?			
Does your child have regular nightmares, sleep walking, or other unusual sleep behaviors?			
Do you think your child is getting enough sleep for his/her age?			

WHILE AWAKE	YES	NO	?
Does your child seem overtired or sleepy during the day?			
Does your child wake up feeling unrefreshed in the morning?			
Does your child find it difficult to wake up in the morning?			
Does your child wake up with headaches in the morning?			
Does your child take excessive naps during the day for their age?			
Does your child tend to breathe through the mouth while awake?			
Does your child have a dry mouth when they wake up in the morning?			
Does your child occasionally wet the bed?			
Did your child stop growing at a normal rate at any time since birth?			
Is your child overweight?			
Has a teacher or other supervisor commented that your child appears unusually sleepy during the day?			
Does your child appear to not listen when spoken directly?			
Does your child have difficulties organizing tasks and activities for their age?			
Does your child get easily distracted by surrounding stimuli?			
Does your child appear to fidget with hands and feet or struggles to sit still?			
Does your child appear to excessively "on the go" or act as if "driven by motor"?			

Please provide any additional feedback that you feel may be relevant to your child's sleep habits:
