



**NORTHSHORE  
SLEEP MEDICINE**

**Northshore Sleep Medicine  
Pediatric Screening Questionnaire**

1. Does the child have large tonsils?  Yes  No
2. Does the child snore, gasp or stop breathing while sleeping?  Yes  No
3. Does the child sleep with a hyper-extended (arched) neck?  Yes  No
4. Does the child sweat a lot during the night?  Yes  No
5. Has the child stopped growing at a normal rate?  Yes  No
6. Is the child overweight?  Yes  No
7. Does the child have trouble with bedwetting (over age 5)?  Yes  No
8. Does the child have behavior problems, such as aggressiveness, hyperactivity or defiance?  Yes  No
9. Does the child have academic problems, such as difficulty sitting still, paying attention or organizing and completing tasks?  Yes  No
10. Has anyone suggested that the child be evaluated for ADHD?  Yes  No

If you have answered yes to any of these questions, your child may have a serious sleep disorder. Please call Dr. Lisa Shives to schedule an evaluation.

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