Snoring and Sleep Apnea Center P.A.

Dr. Stephanie Gruenes

Sleep Observer Scale for Children

Child's Name: _____

Observer's Name: _____

Date: _____

The following questions relate to the behavior that you have observed in this patient while he/she is asleep. Use the following scale to choose the most appropriate number for each situation.

0 = Never
1 = Infrequently (one night per week)
2 = Frequently (two to three nights per week)
3 = Most of the time (four or more nights per week)

1. Loud, obtrusive or irritating snoring _____

2. Choking or gasping for air _____

3. Pauses in breathing _____

4. Twitching / kicking of arms or legs _____

5. Snoring requiring separate bedrooms _____

6. Falling asleep inappropriately _____
(Ex: while driving or in school)

TOTAL SCORE: _____