

**Please complete this form and fax back**

QUESTIONNAIRE

Name:		Other esophagitis:	
Date of Birth:		Feeding difficulty during infancy:	
Race:		Cyanoitic spells during infancy:	
Snoring:		ALTE during infancy:	
Frequency of snoring:		Parental smoking:	
Witnessed apnea:		History of wheezing/bronchodilator:	
Increased work of breathing:		Atypical croup:	
Regular bedtime routine:		Prior airway surgery:	
Short sleep latency (<10 min)		Chronic/recurrent acute rhinitis:	
Interruptions of sleep:		Family history of SDB	
Sleep walking/talking/enuresis:		Syndromic:	
Night terrors:		Obese/overweight:	
Restlessness:		Asthma:	
Sweating at night:		Allergies:	
Wakes up with difficulty:		Vaccination complete:	
Day time tiredness:		Nasal obstruction:	
Day time naps:		Rhinorrhea:	
Behavioral difficulty:		Frequent acute rhinitis:	
Under-performing educationally:		Prolonged rhinitis:	
Day time somnolence:		Fever:	
Neuropsychiatric disorder:		Duration of fever:	
Prematurity at birth:		Day care:	
Prior intubation:		Prematurity:	
GERD symptoms/treatment:		Dysmorphic features:	