## Study Questionnaire

**THE PREVALENCE AND PREDICTORS OF SLEEP DISORDERED BREATHING POST ADENOTONSILLECTOMY IN CHILDREN 2 TO 18 YEARS**

**DATE OF DATA COLLECTION \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

**HOSPITAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PATIENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A .Socio-Demographics**

Subject identification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_/\_\_/\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth\_\_/\_\_/\_\_ birth weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_kg

Sex M\_\_\_ F\_\_\_\_

Weight \_\_\_\_kg

Height \_\_\_\_\_cm BMI\_\_\_\_\_\_\_\_\_\_\_

Caregiver characteristics

Age \_\_\_ DOB\_\_/\_\_/\_\_

TELEPHONE NUMBERS 1)\_\_\_\_\_\_\_\_\_\_2)\_\_\_\_\_\_\_\_\_\_\_\_3)\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed \_\_\_\_\_\_ Self-Employed \_\_\_\_\_\_ Unemployed\_\_\_\_\_\_\_\_\_

Wealth quintile –monthly earning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_kes\_\_\_

Insurance scheme NHIF \_\_\_ or NONE\_\_\_\_ or EMPLOYER\_\_\_\_\_\_OTHER\_\_\_\_\_

Smoking yes\_\_\_\_ no\_\_\_\_

Place of residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B.Comorbidities**

Is your child known to have asthma? YES \_\_\_NO\_\_\_

Has he/she had wheezing in the last 3 months? YES\_\_\_NO\_\_\_

Has he/she been on any of the following medications in the past 3 months

* 1. Salbutamol inhaler (eg Ventolin) YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_
  2. Inhaled corticosteroid (eg budecort..)YES\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_
  3. Ventolin syrup YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. Oral steroid (prednisolone) YES\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_
  5. Nebulization YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  6. Antihistamine YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child known to have allergic rhinitis YES\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has he/she had the following symptoms in the last three months ?

1. Persistent sneezing YES\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Persistent itching or rubbing of the nose YES\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_
3. Rhinorhoea and nasal obstruction lasting longer than two weeks YES\_\_\_\_\_\_NO\_\_\_\_

Examination findings

1. Prominent inferior turbinates \_\_\_\_\_\_\_ RIGHT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEFT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Allergic dorsal nasal crease YES\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Allergic shiners YES\_\_\_\_\_\_\_\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has he / she used steroid nasal sprays or drops in the last three months YES\_\_\_\_\_NO\_\_\_\_\_\_\_\_\_\_

Does your child use antacids(Gaviscon) or proton pump inhibitors? YES\_\_\_NO\_\_\_\_

If yes, which one?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why was it prescribed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child exposed to cigarette smoke from any of the household members? YES\_\_\_NO\_\_\_

On examination is child found to have any craniofacial anomaly

Down syndrome\_\_\_\_cleft palate\_\_\_\_\_micro/retrognathia\_\_\_\_\_narrow maxillary arch\_\_\_\_

Nasoseptal obstruction\_\_\_\_\_\_\_\_\_\_ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. PAEDIATRIC SLEEP QUESTIONNAIRE: SLEEP DISORDERED BREATHING SUB- SCALE (PSQ-SRDB)(Chervin, #33)**

ANSWER BY ENCIRCLING Y -YES, N -NO, DK –DON’T KNOW

**1.WHILE SLEEPING DOES YOUR CHILD…**

A2-snore more than half the time……………………………………………………………Y N DK

A3-always snore……………………………………………………………………………………..Y N DK

A4-snore badly………………………………………………………………………………………..Y N DK

A5-Have heavy or loud breathing…………………………………………………………….Y N DK

A6- has trouble breathing or struggle to breathe …………………………………..Y N DK

**2.HAVE YOU EVER:**

A7-SEEN YOUR CHILD STOP BREATHING DURING THE NIGHT?..................Y N DK

**3.DOES YOUR CHILD…**

A24- Tend to breathe through the mouth during the day?.........................Y N DK

A25-tend to have a dry mouth on waking up in the morning?....................Y N DK

A32- for children above 4yrs; occasionally wet the bed?............................Y N DK

**4.DOES YOUR CHILD…**

B1- wake up feeling unrefreshed in the morning?.....................................Y N DK

B2- have a problem with sleepiness during the day?................................Y N DK

**5.HAS A TEACHER OR OTHER SUPERVISOR COMMENTED**

**THAT YOUR CHILD APPEARS SLEEPY DURING THE DAY? B4....................** Y N DK

**6.IS IT HARD TO WAKE YOUR CHILD UP IN THE MORNING? B6**..............Y N DK

**7.DOES YOUR CHILD WAKE UP WITH HEADACHES IN THE MORNING? B7.................Y N DK**

**8.DID YOUR CHILD STOP GROWING AT A NORMAL RATE AT ANY TIME SINCE BIRTH? B9.Y N DK**

**9. IS YOUR CHILD OVERWEIGHT? B22...............................................................**Y N DK

**10.THIS CHILD OFTEN:**

C3-Does not seem to listen when spoken to directly?................................Y N DK

C5- has difficulty organizing task and activity?...........................................Y N DK

C8- is easily distracted by extraneous stimuli?..........................................Y N DK

C10- fidgets with hands or feet or squirms in seat?...................................Y N DK

C14-is on the go or often acts as if driven by a motor?..............................Y N DK

C18- interrupts or intrudes on others eg. butts into conversation or game..Y N DK

**D. PAEDIATRIC OBSTRUCTIVE SLEEP APNOEA SCREENING TOOL (POSAT)[33]**

For the following questions, use:

“never” -0 (zero)

“rarely”- 1 (once per week)

“occasionally”- 2(twice per week)

“frequently”- 3 (3 to 4 times per week)

“almost always”- 4 (>4 times per week)

Apart from the 5th question, respond as:

Mild quiet =0

Medium loud=1

Loud=2

Very loud=3

Extremely loud=4

For the preceding 6 months’ timeframe;

1. Do you shake your child to breathe? \_\_\_\_\_\_\_
2. Have you witnessed an apnoea during sleep? \_\_\_\_\_\_\_\_
3. Does your child struggle breathing while asleep? \_\_\_\_\_\_\_\_
4. Do you have concerns about your child breathing while asleep? \_\_\_\_\_\_
5. How loud does your child snore? \_\_\_\_\_\_\_\_\_\_
6. Does your child snore while asleep? \_\_\_\_\_\_\_\_\_\_\_