

**Figure S1: University of Michigan Pediatric Sleep Questionnaire (PSQ) (Adapted from Chervin<sup>130</sup>)**

	YES	NO
<b>While sleeping, does your child...</b>		
snore more than half the time?	<input type="checkbox"/>	<input type="checkbox"/>
always snore?	<input type="checkbox"/>	<input type="checkbox"/>
snore loudly?	<input type="checkbox"/>	<input type="checkbox"/>
have "heavy" or loud breathing?	<input type="checkbox"/>	<input type="checkbox"/>
have trouble breathing, or struggle to breathe?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you ever...</b>		
seen your child stop breathing during the night?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does your child...</b>		
tend to breathe through the mouth during the day?	<input type="checkbox"/>	<input type="checkbox"/>
have a dry mouth on waking up in the morning?	<input type="checkbox"/>	<input type="checkbox"/>
occasionally wet the bed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does your child....</b>		
wake up feeling unrefreshed in the morning?	<input type="checkbox"/>	<input type="checkbox"/>
have a problem with sleepiness during the day?	<input type="checkbox"/>	<input type="checkbox"/>
Has a teacher or other supervisor commented that your child appears sleepy during the day?	<input type="checkbox"/>	<input type="checkbox"/>
Is it hard to wake your child up in the morning?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child wake up with headaches in the morning?	<input type="checkbox"/>	<input type="checkbox"/>
Did your child stop growing at a normal rate at any time since birth?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child overweight?	<input type="checkbox"/>	<input type="checkbox"/>

<b>This child often...</b>		
does not seem to listen when spoken to directly?	<input type="checkbox"/>	<input type="checkbox"/>
has difficulty organizing task and activities?	<input type="checkbox"/>	<input type="checkbox"/>
is easily distracted by extraneous stimuli?	<input type="checkbox"/>	<input type="checkbox"/>
fidgets with hands or feet or squirms in seat?	<input type="checkbox"/>	<input type="checkbox"/>
is 'on the go' or often acts as if 'driven by a motor'?	<input type="checkbox"/>	<input type="checkbox"/>
interrupts or intrudes on others (e.g. butts into conversations or games)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total number of "Yes" responses</b>		
<b>More than 8 positive responses may indicate a problem with sleep related breathing disorder</b>		

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