

OSA in Children: My child's symptoms

Complete this form before you visit a health care professional and take it with you to your child's appointment. Simply tick if your child has any of these symptoms. Use the right hand columns to record and compare changes in your child's symptoms over time, if he or she is diagnosed with OSA and goes on to have treatment.



My child's symptoms	Tick if your child has these symptoms	Does your child still have these symptoms?			
		Date	Date	Date	Date
Night time symptoms (when asleep)					
Snoring					
Pauses in breathing					
Gasps, snorts or choking sounds					
Restlessness and sudden awakenings from sleep					
Laboured breathing					
Unusual sleep posture					
Bed wetting					
Sweating					
Mouth breathing, dry mouth and bad breath					
Other (please state)					

Please turn over

My child's symptoms	Tick if your child has these symptoms	Does your child still have these symptoms?			
		Date	Date	Date	Date
Daytime symptoms (when awake)					
Tiredness and sleepiness					
Changes in behaviour, for example being irritable and having tears and tantrums					
Hyperactivity, which may alternate with excessive sleepiness					
Poor concentration					
Poor or decreased performance at school					
Difficulty putting on weight					
Learning difficulties					
Breathing through the mouth					
Nasal quality to speech					
Enlarged tonsils					
Early morning headache					
Other (please state)					

Get in touch with us to find support near you.

Helpline: 03000 030 555

Monday to Friday, 9am-5pm

Ringling our helpline never costs more than a local call and is usually free, even from a mobile.

helpline@blf.org.uk blf.org.uk

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