

Instructions on use of the Pediatric Sleep Questionnaire (PSQ) or the one-page Sleep-Related Breathing Disorder (SRBD) scale extracted from the PSQ:

PSQ

This multi-page questionnaire consists of closed question-items and several open questions on pediatric sleep disorder symptoms. The instrument was designed as a broad clinical screen for research purposes. The instrument has been requested frequently, for both research and clinical settings at this point, and has been translated and re-validated in other languages. Validity data have been published for two subcomponents: the SRBD scale (including snoring and sleepiness subscales) and the Periodic Leg Movement/Restless Legs Syndrome scale. Validity data have also been published for the sleepiness subscale of the SRBD scale. Other parts of the PSQ have been used in published research (for example, to identify children with insomnia) but not validated against gold-standard polysomnography because in most instances, polysomnography does not allow definitive diagnosis of the condition (e.g., insomnia).

The PSQ can be licensed and obtained at:

<http://inventions.umich.edu/technologies/3766/pediatric-sleep-questionnaire-designed-as-research-screen-for-symptoms-of-obstructive-sleep-apnea-and-other-sleep-disorders-in-children>

SRBD Scale

The SRBD Scale consists of 22 closed response question-items, extracted from the PSQ, and validated against polysomnography, Multiple Sleep Latency Test results (for the sleepiness subscale), and SRBD treatment (adenotonsillectomy) outcomes. The SRBD Scale was developed for clinical research purposes. It is commonly requested now for both research and clinical settings. The questionnaire fits on one page and can be scored as outlined below.

The SRBD Scale can be licensed and obtained at:

<http://inventions.umich.edu/technologies/3773/sleep-related-breathing-disorder-scale-srbd-scale-from-pediatric-sleep-questionnaire-to-identify-symptoms-of-obstructive-sleep-apnea-in-children>

Scoring the SRBD Scale

The 22 items of the SRBD Scale are each answered yes = 1, no = 0, or don't know = missing. The number of symptom-items endorsed positively ("yes") is divided by the number of items answered positively or negatively; the denominator therefore excludes items with missing responses and items answered as don't know. The result is a number, a proportion that ranges from 0.0 to 1.0. Scores > 0.33 are considered positive and suggestive of high risk for a pediatric sleep-related breathing disorder. This threshold is based on a validity study that suggested optimal sensitivity and specificity at the 0.33 cut-off,¹ but this number could be lowered in practice if increased sensitivity is a priority, or raised if increased specificity is a priority. Some additional references that support the validity of the SRBD Scale, or employ it in research, are listed below.²⁻²¹

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