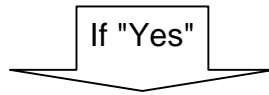


SMART Screening Tool for OSA in Childhood

In a usual week does your child: **(please circle)**

1) Snore for part of the night for 4 or more nights of the week? Yes / No / Don't know



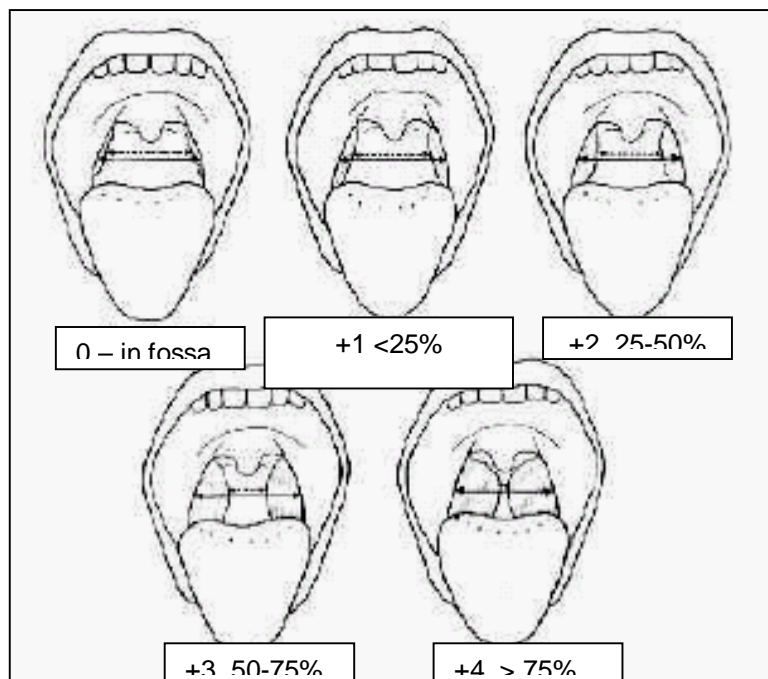
In a usual week does your child: **(please circle)**

2. Have frequent breathing through their open mouth even when awake? Yes / No / Don't know

3. Occasionally pause or stop breathing in their sleep? Yes / No / Don't know

4. Frequently work hard or struggle to breathe in sleep? Yes / No / Don't know

5. Does your child have large tonsils? Yes / No / Don't know



Grade 0-1 = Small, Grade 2= Moderate, Grade 3-4 = Large

GUIDE FOR ADMINISTRATION:
 Positive screen = "Yes" for question 1 AND two or more "Yes" for questions 2-5 (SMART)
 Note: Items 2-5 have a high odds ratio (ie are specific) for the presence of OSA but may not be sensitive.
 (David McNamara 2009).