

Ess

Date form completed

(mm-dd-yyyy)

How likely is your child to actually doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to his/her usual way of life in recent times. Even if he/she has not done some of these things recently, think about how they would have affected your child. Use the following scale to choose the most appropriate number for each situation:

- 0 = would never doze or sleep
 1 = slight chance of dozing or sleeping
 2 = moderate chance of dozing or sleeping
 3 = high chance of dozing or sleeping

Form to be filled out by parent. If the child is 13 years old or older, then the participant can complete the form.

Check the appropriate number

- | | |
|--|---|
| 1. Sitting and reading | <input type="radio"/> 0-Would never doze or sleep
<input type="radio"/> 1-Slight chance of dozing or sleeping
<input type="radio"/> 2-Moderate chance of dozing or sleeping
<input type="radio"/> 3-High chance of dozing or sleeping
<input type="radio"/> No answer |
| 2. Watching TV | <input type="radio"/> 0-Would never doze or sleep
<input type="radio"/> 1-Slight chance of dozing or sleeping
<input type="radio"/> 2-Moderate chance of dozing or sleeping
<input type="radio"/> 3-High chance of dozing or sleeping
<input type="radio"/> No answer |
| 3. Sitting, inactive in a public place (e.g., class room /movie theater) | <input type="radio"/> 0-Would never doze or sleep
<input type="radio"/> 1-Slight chance of dozing or sleeping
<input type="radio"/> 2-Moderate chance of dozing or sleeping
<input type="radio"/> 3-High chance of dozing or sleeping
<input type="radio"/> No answer |
| 4. As a passenger in a car for an hour without a break | <input type="radio"/> 0-Would never doze or sleep
<input type="radio"/> 1-Slight chance of dozing or sleeping
<input type="radio"/> 2-Moderate chance of dozing or sleeping
<input type="radio"/> 3-High chance of dozing or sleeping
<input type="radio"/> No answer |
| 5. Lying down to rest in the afternoon | <input type="radio"/> 0-Would never doze or sleep
<input type="radio"/> 1-Slight chance of dozing or sleeping
<input type="radio"/> 2-Moderate chance of dozing or sleeping
<input type="radio"/> 3-High chance of dozing or sleeping
<input type="radio"/> No answer |
| 6. Sitting and talking | <input type="radio"/> 0-Would never doze or sleep
<input type="radio"/> 1-Slight chance of dozing or sleeping
<input type="radio"/> 2-Moderate chance of dozing or sleeping
<input type="radio"/> 3-High chance of dozing or sleeping
<input type="radio"/> No answer |

7. Sitting quietly after lunch

- 0-Would never doze or sleep
- 1-Slight chance of dozing or sleeping
- 2-Moderate chance of dozing or sleeping
- 3-High chance of dozing or sleeping
- No answer

8. While playing a video game

- 0-Would never doze or sleep
- 1-Slight chance of dozing or sleeping
- 2-Moderate chance of dozing or sleeping
- 3-High chance of dozing or sleeping
- No answer

To be completed by study staff

If completed by parent/caregiver, check here:

- Yes
- No

If completed by participant, check here:

- Yes
- No

If completed by parent and participant together,
check here:

- Yes
- No