

Sleep

Date form completed

_____ (mm-dd-yyyy)

School or Weekdays

Usual Bedtime

_____ (hh:mm (24 hour clock))

Time When Child Really Falls Asleep

_____ (hh:mm (24 hour clock))

Usual Wake Time

_____ (hh:mm (24 hour clock))

Non-School or Weekends

Usual Bedtime

_____ (hh:mm (24 hour clock))

Time When Child Really Falls Asleep

_____ (hh:mm (24 hour clock))

Usual Wake Time

_____ (hh:mm (24 hour clock))

Daily Napping

None

- Yes
- No

Number of naps

Hours napping

_____ (decimal)

Sleep History, Health Habits and Sleep Environment

Does the child have a regular bedtime routine Yes
 No

Does the child have his/her own bedroom Yes
 No

Does the child have his/her own bed Yes
 No

Does your child have a TV in his own bedroom Yes
 No

IF YES, does your child usually fall asleep with the TV on? No
 Yes
 Don't Know
 No answer

Does your child drink caffeinated beverages (e.g., Coke, Pepsi, Mountain Dew, iced tea) on most days?

Yes No

If YES, how many servings on an average day? _____

Where My Child Sleeps

Child usually falls asleep in own room in own bed (alone)
 parents' room in own bed
 parents' room in parents' bed
 sibling's room in own bed
 sibling's room in sibling's bed
 No answer

Child sleeps most of the night in own room in own bed (alone)
 parents' room in own bed
 parents' room in parents' bed
 sibling's room in own bed
 sibling's room in sibling's bed
 No answer

Child usually wakes in the morning in own room in own bed (alone)
 parents' room in own bed
 parents' room in parents' bed
 sibling's room in own bed
 sibling's room in sibling's bed
 No answer

Sleep Symptoms or Problems

During the past month, which of the following symptoms or problems has your child had?

Snores

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Difficulty breathing while asleep

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Stops breathing during sleep

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Noisy breathing

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Restless sleep

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Sweating when sleeping

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Nightmares

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Sleep walking

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Sleep talking

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Screaming in his/her sleep

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Kicks or jerks legs in sleep

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Uncomfortable feelings in his/her legs; creepy/crawly before falling asleep

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Resists going to bed at bedtime

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Trouble falling asleep

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Feels like s/he can't move arms or legs when falling asleep

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Wakes up at night

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Gets out of bed at night

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Trouble staying in his/her bed at night

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Grinds his/her teeth

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Wets the bed

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

If snoring or noisy breathing is present, how noisy has your child usually been in the past month?

- Does not apply
- Only slightly louder than heavy breathing
- About as loud as mumbling or talking
- Louder than talking
- Extremely loud - can be heard through a closed door
- Not sure
- No answer

Morning Waking and Daytime Symptoms

Noisy breathing

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Morning headaches

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Trouble getting out of bed in the morning

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Takes a long time to become alert in the morning

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Tardy for school or is missing school because of sleepiness

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Acts sleepy or seems overtired a lot

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Falls asleep in school

- Never (does not happen)
- Not Often (< 1 night/day a week)
- Sometimes (1 to 2 nights/days a week)
- Often (3 to 5 nights/days a week)
- Always (6 to 7 nights/days a week)
- Don't Know
- No answer

Naps after school

- Never (does not happen)
 Not Often (< 1 night/day a week)
 Sometimes (1 to 2 nights/days a week)
 Often (3 to 5 nights/days a week)
 Always (6 to 7 nights/days a week)
 Don't Know
 No answer

Gets weak in the knees or face with laughing or strong emotions

- Never (does not happen)
 Not Often (< 1 night/day a week)
 Sometimes (1 to 2 nights/days a week)
 Often (3 to 5 nights/days a week)
 Always (6 to 7 nights/days a week)
 Don't Know
 No answer

Feels like s/he can't move arms or legs when waking up

- Never (does not happen)
 Not Often (< 1 night/day a week)
 Sometimes (1 to 2 nights/days a week)
 Often (3 to 5 nights/days a week)
 Always (6 to 7 nights/days a week)
 Don't Know
 No answer

Has nighttime like dreams during the day when awake

- Never (does not happen)
 Not Often (< 1 night/day a week)
 Sometimes (1 to 2 nights/days a week)
 Often (3 to 5 nights/days a week)
 Always (6 to 7 nights/days a week)
 Don't Know
 No answer

Previous Airway Surgeries

Did your child ever have his/her tonsils out?

- Yes
 No

If Yes, child's age at time of surgery

(yrs old)

Did your child ever have his/her adenoids out?

- Yes
 No

If Yes, child's age at time of surgery

(yrs old)

Family Sleep History

Does anyone in the family have these sleep problems or are being treated by a physician for these problems

Yes No

Put a check mark by all people with the problem:

Snoring

- Mother
- Father
- Brother/Sister
- Grandparent

Sleep apnea or uses a CPAP machine at night

- Mother
- Father
- Brother/Sister
- Grandparent

Narcolepsy

- Mother
- Father
- Brother/Sister
- Grandparent

Insomnia

- Mother
- Father
- Brother/Sister
- Grandparent

Sleep walking/sleep terrors

- Mother
- Father
- Brother/Sister
- Grandparent

Restless legs/ periodic limb movements disorder

- Mother
- Father
- Brother/Sister
- Grandparent