Date Form Completed: \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ (DD-MMM-YYYY)

School or Weekdays:  Mon  Tues  Wed Thurs  Fri

Usual Bedtime: **\_\_\_ \_\_\_ :\_\_\_ \_\_\_**  AM  PM

Time When Child Really Falls Asleep: **\_\_\_ \_\_\_ :\_\_\_ \_\_\_**  AM  PM

Usual Wake Time**\_\_\_ \_\_\_:\_\_\_ \_\_\_**  AM  PM

Non-School or Weekends:  Mon  Tues  Wed Thurs  Fri  Sat  Sun

Usual Bedtime: **\_\_\_ \_\_\_:\_\_\_ \_\_\_**

Time When Child Really Falls Asleep: **\_\_\_ \_\_\_:\_\_\_ \_\_\_**

Usual Wake Time**\_\_\_ \_\_\_:\_\_\_ \_\_\_**

Daily Napping: \_\_\_\_\_\_\_\_\_

None: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes

No

Number of naps:\_\_\_\_\_\_

Hours napping: \_\_\_: \_\_\_ hrs/mins

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?

Yes

No

Don’t Know

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?

Yes

No

Where My Child Sleeps

Child usually falls asleep in

Own room in own bed (alone)

Parents’ room in own bed

Sibling’s room in own bed

Sibling’s room in sibling’s bed

Child sleeps most of the night in

Own room in own bed (alone)

Parents’ room in own bed

Sibling’s room in own bed

Sibling’s room in sibling’s bed

Child usually wakes in the morning in

Own room in own bed (alone)

Parents’ room in own bed

Sibling’s room in own bed

Sibling’s room in sibling’s bed

1. **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

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)

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

1. **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 date 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

1. **Previous Airway Surgeries**

Did your child have his/her tonsils out?

Yes

No

If Yes, child’s age at time of surgery \_\_\_\_\_\_\_

Did your child ever have his/her adenoids out?

Yes

No

If Yes, child’s age at time of surgery \_\_\_\_\_\_\_\_\_\_\_\_

1. **Family Sleep History**

Does anyone in your 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