SLEEP DISTURBANCES SCALE FOR CHILDREN

INSTRUCTIONS: This questionnaire is used to provide a better understanding of the sleep-wake rhythm of your child and of any problems in his/her sleep behavior. Try to answer every question; in answering, consider each question as pertaining to the **past 6 months** of the child's life. Please answer the questions by circling or striking the number 1 to 5.

Name: Age: Date:												
your child get on most nights? 2. How long after going to bed does your child usually fall asleep? Salways (daily) 15-30 min 30-45 min 45-60 min more than 60 min	Nar	ne: Age:	Date:									
2. How long after going to bed does your child usually fall asleep? S Always (daily) A Often (3 or 5 times per week)	1.	How many hours of sleep does	1	2	3	4			5			
your child usually fall asleep? less than 15 min 15-30 min 30-45 min 45-60 min more than 60 min		your child get on most nights?	9-11 hours	8-9 hours	7-8 hours	-8 hours 5-7 hc				5 ho	urs	
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24. The child feels unable to move when waking up in the morning 1 2 3 4 5		_	_	norning				2			5	
1	25. The child experiences daytime somnolence (sleepiness)											
	26. The child falls asleep suddenly in inappropriate situations											
1 ' ' ' ' ' ' ' '	27. My child has seizures while asleep						1					
How many per night (on average) N/A 1 2 3-5 6-10 >10			\square N/A \square 1 \square 2	□3-5 □6	5-10							
Please describe seizure type(s):												
28. My child has difficulty falling asleep after a nocturnal seizure (if applicable) 1 2 3 4 5	28	.My child has difficulty falling asleen	after a nocturnal sei	izure (if annlica	able)		1	2	3	4	5	
29. My child takes medication to assist with sleep. 1 2 3 4 5							1			4		
If yes, which medications (including dose)	· · · · · · · · · · · · · · · · · · ·											