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:_____

1. How many hours of sleep does your child get on most nights?	1☐ *9-11 hours*	2☐ *8-9 hours*	3☐ *7-8 hours*	4☐ *5-7 hours*	5☐ *less than 5 hours*
2. How long after going to bed does your child usually fall asleep?	1☐ *less than 15 min*	2☐ *15-30 min*	3☐ *30-45 min*	4☐ *45-60 min*	5☐ *more than 60 min*

					5 **Always (daily)**
				4 **Often (3 or 5 times per week)**	
			3 **Sometimes (once or twice per week)**		
		2 **Occasionally (once or twice per month or less)**			
	1 **Never**				
3. The child goes to bed reluctantly	1○	2○	3○	4○	5○
4. The child has difficulty getting to sleep at night	1○	2○	3○	4○	5○
5. The child feels anxious or afraid when falling asleep	1○	2○	3○	4○	5○
6. The child startles or jerks parts of the body while falling asleep	1○	2○	3○	4○	5○
7. The child shows repetitive actions such as rocking or head banging while falling asleep	1○	2○	3○	4○	5○
8. The child experiences vivid dream-like scenes while falling asleep	1○	2○	3○	4○	5○
9. The child sweats excessively while falling asleep	1○	2○	3○	4○	5○
10. The child wakes up more than twice per night	1○	2○	3○	4○	5○
11. After waking up in the night, the child has difficulty falling asleep again	1○	2○	3○	4○	5○
12. The child has frequent twitching or jerking of legs while asleep or often changes position during the night or kicks the covers off the bed.	1○	2○	3○	4○	5○
13. The child has difficulty in breathing during the night	1○	2○	3○	4○	5○
14. The child gasps for breath or is unable to breathe during sleep	1○	2○	3○	4○	5○
15. The child snores	1○	2○	3○	4○	5○
16. The child sweats excessively during the night	1○	2○	3○	4○	5○
17. You have observed the child sleepwalking	1○	2○	3○	4○	5○
18. You have observed the child talking in his/her sleep	1○	2○	3○	4○	5○
19. The child grinds teeth during sleep	1○	2○	3○	4○	5○
20. The child wakes from sleep screaming or confused so that you cannot seem to get through to him/her, but has no memory of these events the next morning	1○	2○	3○	4○	5○
21. The child has nightmares which he/she doesn't remember the next day	1○	2○	3○	4○	5○
22. The child is unusually difficult to wake up in the morning	1○	2○	3○	4○	5○
23. The child awakes in the morning feeling tired	1○	2○	3○	4○	5○
24. The child feels unable to move when waking up in the morning	1○	2○	3○	4○	5○
25. The child experiences daytime somnolence (sleepiness)	1○	2○	3○	4○	5○
26. The child falls asleep suddenly in inappropriate situations	1○	2○	3○	4○	5○
27. My child has seizures while asleep How many per night (on average) ☐N/A ☐1 ☐2 ☐3 – 5 ☐6 – 10 ☐>10 Please describe seizure type(s): _____	1○	2○	3○	4○	5○
28. My child has difficulty falling asleep after a nocturnal seizure (if applicable)	1○	2○	3○	4○	5○
29. My child takes medication to assist with sleep. If yes, which medications (including dose) _____ _____	1○	2○	3○	4○	5○

30. Has your child ever had a sleep problem in the past that is no longer an issue (Y/N)? _____