

Date of Assessment: _____

ID #: _____

Clinic/Lab Address: _____

Phone: _____

Fax: _____

Email: _____

B₁**Sleep/Wake-Behaviour Assessment**

INSTRUCTIONS: This questionnaire will allow your doctor to have 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. **Select** a single response per question.

TIME	How many hours of sleep does your child get on most nights?					<5 hours	5-7 hours	7-8 hours	8-9 hours	9-11 hours					
	How long after going to bed does your child usually fall asleep?					less than 15'	15-30'	30-45'	45-60'	more than 60'					
MOOD	The child's mood at bedtime :					Never	Occasionally (1-2 times per month or less)	Sometimes (1-2 times per week)	Often (3-5 times per week)	Always (Daily)					
	The child's mood after a nighttime awakening :														
	The child's mood when they wake up for the day :														
© THE SLEEP DISTURBANCE SCALE FOR CHILDREN	Please select the frequency the each of the following events occurs:					Never	Occasionally (1-2 times per month or less)	Sometimes (1-2 times per week)	Often (3-5 times per week)	Always (Daily)					
	The child goes to bed reluctantly										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child has difficulty getting to sleep at night										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child feels anxious or afraid when falling asleep										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child startles or jerks parts of the body while falling asleep										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child shows repetitive actions such as rocking or head banging while falling asleep										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child experiences vivid dream-like scenes while falling asleep										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child sweats excessively while falling asleep										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child wakes up more than twice per night										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	After waking up in the night, the child has difficulty to fall asleep again										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	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.										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child gasps for breath or is unable to breathe during sleep										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child snores										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child sweats excessively during the night										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	You have observed the child sleepwalking										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	You have observed the child talking in his/her sleep										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child grinds teeth during sleep										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	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										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child has nightmares which he/she doesn't remember the next day										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The child is unusually difficult to wake up in the morning										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The child awakes in the morning feeling tired					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
The child feels unable to move when waking up in the morning					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
The child experiences daytime somnolence					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
The child falls asleep suddenly in inappropriate situations					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
SCORING	Please note that the below fields will automatically be calculated; compare values with 'Appendix B: Scoring sheet'														
	DIMS: Disorders of initiating and maintaining sleep														
	SBD: Sleep Breathing Disorders														
	DA: Disorders of arousal														
	SWTD: Sleep-Wake Transition Disorders														
	DOES: Disorders of excessive somnolence														
	SHY: Sleep Hyperhydrosis														
Total score (sum 6 factors' scores)															