



SLEEP ASSESSMENT

PLEASE FILL OUT FOR PATIENTS 2 AND OLDER

First Name: _____ Last Name: _____ DOB: _____

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.

For the following questions, please answer them according to the frequency of

1-Never, 2-Occasionally (1-2 a month) 3-Sometimes (1-2 a week) 4-Often (3-5 a week) 5-Always (daily)

	1	2	3	4	5
3. The child goes to bed reluctantly					
4. The child has difficulty getting to sleep at night					
5. The child feels anxious or afraid when falling asleep					
6. The child wakes up more than twice a night					
7. After waking up at night, the child has difficulty falling asleep again					
8. The child has difficulty in breathing during the night					
9. The child gasps for breath or is unable to breathe during sleep					
10. The child snores					
11. You have observed the child sleepwalking					
12. The child wakes from sleep screaming or confused so you cannot seem to get through to them but has no memory of these events the next morning					
13. The child has nightmares that he/she doesn't remember the next morning					
14. The child startles or jerks parts of the body while falling asleep					
15. The child shows repetitive actions such as rocking or head banging while falling asleep					
16. The child experiences vivid dream-like scenes while falling asleep					
17. The child has frequent twitching or jerking of legs while asleep or often changes positions during the night or kicks covers off the bed					
18. You have observed the child talking in his/her sleep					
19. The child grinds teeth during sleep					
20. The child is unusually difficult to wake in the morning					
21. The child awakes in the morning feeling tired					
22. The child falls asleep suddenly in inappropriate situations					
23. The child has daytime tiredness					
24. The child feels unable to move when waking in the morning					
25. The child sweats excessively while falling asleep					
26. The child sweats excessively during the night					

Total: _____

Clinician: Use this reference sheet to calculate total score on the sleep scale for children (range 26-130) Total score can be calculated by adding the factor scores (DIMS, SBD, DA, SWTD, DOES, SHY) as described at the bottom of the page.

DIMS: Disorders of initiating and maintaining sleep (Sum of 1,2,3,4,5,6,7)	
SBD: Sleep Breathing Disorders (sum of 8, 9, 10)	
DA: Disorders of arousal (Sum of 11, 12, 13)	
SWTD: Sleep-Wake Transition Disorders (Sum of 14, 15, 16, 17, 18, 19)	
DOES: Disorders of excessive somnolence (sum of 20, 21, 22, 23, 24)	
SHY: Sleep Hyperhydrosis (Sum of 25, 26)	
Total Score:	