Metropolitan Pediatrics, L.L.C.

Children's Sleep Habits: Ages 5-12

Patient Name: _____ DOB: _____ MR#: _____ Date of Service: _____

Name of Person Completing Form: _____ Relationship to Patient: _____

The following statements are about your child's sleep habits and possible difficulties with sleep. Think about the past week in your child's life when answering the questions. If last week was unusual for a specific reason (such as your child had an ear infection and did not sleep well or the TV was broken), choose the most recent typical week.

Section 1 Instructions

For each statement, write the number that corresponds to the response that seems to describe your child for the **past week.** Then, indicate whether or not the sleep habit is a problem by checking "Yes," "No," or "N/A" (not applicable).

Rating Scale

1 = Usually (5-7 times/week)
2 = Sometimes (2-4 times/week)
3 = Rarely (0-1 times/week)

Statements	Rating	Problem?
1. Child goes to bed at the same time at night • *Child's bedtime is ____:____ pm*		❑ Yes ❑ No ❑ N/A
2. Child falls asleep alone in own bed		❑ Yes ❑ No ❑ N/A
3. Child falls asleep within 20 minutes after going to bed		❑ Yes ❑ No ❑ N/A
4. Child sleeps the right amount • *Child's usual amount of sleep each day (naps) is _____hrs. _____mins.* • *Child's usual amount of sleep each night (no naps) is _____hrs. _____mins.*		❑ Yes ❑ No ❑ N/A
5. Child sleeps about the same amount each day		❑ Yes ❑ No ❑ N/A
6. Child wakes up by him/herself • *Child's usual wake time is ____:____ am*		❑ Yes ❑ No ❑ N/A

Section 2 Instructions

Please answer questions #7-8 using the rating scale at right.

For each activity, write the number that corresponds to the response that seems to describe your child for the **past week.**

Rating Scale

0 = Not Sleepy
1 = Very Sleepy
2 = Falls Asleep

Child has appeared very sleepy or fallen asleep during the following…	Rating
7. Watching TV	
8. Riding in a car	

Section 3 Instructions

Please answer questions #9-33 using the rating scale at right.

For each statement, write the number that corresponds to the response that seems to describe your child for the **past week.** Then, indicate whether or not the sleep habit is a problem by checking "Yes," "No," or "N/A" (not applicable).

Rating Scale

1 = Rarely (0-1 times/week)

2 = Sometimes (2-4 times/week)

3 = Usually (5-7 times/week)

Statements	Rating	Problem?
9. Child falls asleep in parent's or sibling's bed		☐ Yes ☐ No ☐ N/A
10. Child struggles at bedtime (cries, refuses to stay in bed, etc.)		☐ Yes ☐ No ☐ N/A
11. Child needs parent in the room to fall asleep		☐ Yes ☐ No ☐ N/A
12. Child is afraid of sleeping alone		☐ Yes ☐ No ☐ N/A
13. Child sleeps too little		☐ Yes ☐ No ☐ N/A
14. Child is afraid of sleeping in the dark		☐ Yes ☐ No ☐ N/A
15. Child has trouble sleeping away from home (visiting relatives, vacation)		☐ Yes ☐ No ☐ N/A
16. Child moves to someone else's bed during the night (parent, sibling, etc.)		☐ Yes ☐ No ☐ N/A
17. Child awakens once during the night		☐ Yes ☐ No ☐ N/A
18. Child awakens more than once during the night • *A night waking usually lasts _____mins.*		☐ Yes ☐ No ☐ N/A
19. Child talks during sleep		☐ Yes ☐ No ☐ N/A
20. Child is restless and moves a lot during sleep		☐ Yes ☐ No ☐ N/A
21. Child sleepwalks during the night		☐ Yes ☐ No ☐ N/A
22. Child wets the bed at night		☐ Yes ☐ No ☐ N/A
23. Child grinds teeth during sleep (your dentist may have told you this)		☐ Yes ☐ No ☐ N/A
24. Child awakens alarmed by a frightening dream		☐ Yes ☐ No ☐ N/A
25. Child awakens during night screaming, sweating, and inconsolable		☐ Yes ☐ No ☐ N/A
26. Child snores loudly		☐ Yes ☐ No ☐ N/A
27. Child seems to stop breathing during sleep		☐ Yes ☐ No ☐ N/A
28. Child snorts and/or gasps during sleep		☐ Yes ☐ No ☐ N/A
29. Child wakes up in a negative mood		☐ Yes ☐ No ☐ N/A
30. Adults or siblings wake up child		☐ Yes ☐ No ☐ N/A
31. Child has difficulty getting out of bed in the morning		☐ Yes ☐ No ☐ N/A
32. Child takes a long time to become alert in the morning		☐ Yes ☐ No ☐ N/A
33. Child seems tired in the morning		☐ Yes ☐ No ☐ N/A

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Total Score	0