



Complete this questionnaire to find out how well your child sleeps. This test may help you to recognize and detect symptoms of sleep disorders. To take this test, put a check next to the numbers that apply to your child. If the statement does not apply, simply go on to the next statement. To score your child, follow the directions on the back of this page.

TAKE THE SLEEP TEST FOR CHILDREN

1.	I HAVE HEARD MY CHILD SNORE.
2.	MY CHILD IS A MOUTH BREATHER.
3.	WHILE ASLEEP, MY CHILD HOLDS HIS OR HER BREATH.
4.	MY CHILD HAS HIGH BLOOD PRESSURE.
5.	MY CHILD GETS MORNING HEADACHES.
6.	MY CHILD IS OVERWEIGHT.
7.	I HAVE PROBLEMS IN THE MORNING WAKING UP MY CHILD.
8.	MY CHILD OFTEN FEELS SLEEPY AND STRUGGLES TO REMAIN ALERT DURING THE DAY.
9.	MY CHILD HAS PROBLEMS FALLING ASLEEP.
10.	MY CHILD HAS PROBLEMS CONCENTRATING AT HOME OR SCHOOL.
11.	MY CHILD TALKS IN HIS OR HER SLEEP.
12.	MY CHILD HAS NIGHT TERRORS OR NIGHTMARES AT NIGHT.
13.	MY CHILD GETS OUT OF BED WHILE ASLEEP.
14.	I HAVE NOTICED THAT MY CHILD KICKS AND JERKS DURING SLEEP.
15.	MY CHILD ANTICIPATES A PROBLEM WITH SLEEP.
16.	MY CHILD OFTEN WAKES UP AND HAS PROBLEMS GOING BACK TO SLEEP.
17.	MY CHILD HAS DIFFICULTY FALLING ASLEEP.
18.	MY CHILD FEELS SAD AND DEPRESSED BECAUSE HE/SHE CAN'T SLEEP.
19.	MY CHILD OFTEN FALLS ASLEEP AT SCHOOL.
20.	MY CHILD IS ALWAYS TIRED.
21.	HE/SHE GETS "SLEEP ATTACKS" TO A POINT WHERE I CAN'T WAKE THEM UP.
22.	MY CHILD HAS EXPERIENCED VIVID DREAMLIKE SCENES UPON FALLING ASLEEP OR AWAKENING.
23.	MY CHILD WAKES UP COUGHING OR WHEEZING.
24.	MY CHILD HAS FREQUENT SORE THROATS, CHRONIC EAR, OR THROAT INFECTIONS.
25.	MY CHILD HAS HEARTBURN AT NIGHT.
26.	DURING THE NIGHT, HE/SHE SUDDENLY WAKES UP CHOKING.
27.	MY CHILD GETS LEG PAIN OR CRAMPS AT NIGHT.
28.	MY CHILD CAN'T KEEP HIS/HER LEGS STILL AT NIGHT.
29.	EVEN THOUGH MY CHILD SLEPT DURING THE NIGHT, HE/SHE WAKES UP FEELING SLEEPY AND IS TIRED DURING THE DAY.
30.	BED-WETTING AFTER THE AGE OF 5.
31.	MY CHILD GRINDS HIS OR HER TEETH.

HOW TO SCORE YOUR CHILD'S SLEEP

QUESTIONS 1-10

If you answered YES to three or more questions, your child has symptoms of SLEEP APNEA – A potentially serious disorder that causes your child to stop breathing repeatedly, often hundreds of times during his/her sleep. These symptoms are often the same as ADD or ADHD.

Questions 11-14

If you answered YES to three or more questions, your child has symptoms of REM BEHAVIOR DISORDER- rapid eye movement; also known as your dream stage.

Questions 15-18

If you answered Yes to three or more questions, your child has symptoms of INSOMNIA-a persistent inability to fall asleep or stay asleep.

Questions 19-22

If you answered Yes to three or more questions, your child has symptoms of NARCOLEPSY-a lifelong disorder characterized by sleep attacks during the day.

Questions 23-26

If you answered Yes to three or more questions, your child has symptoms of GASTROESOPHAGEAL REFLUX-a disorder caused by acid backing up into the esophagus during sleep.

Questions 27-29

If you answered Yes to one or more questions, your child has symptoms of PERIODIC LIMB MOVEMENT DISORDER-uncontrollable leg or arm jerks during sleep, or RESTLESS LEGS SYNDROME-uncomfortable feeling in the legs at night.

Questions 30-31

OTHER SLEEP DISORDERS-though rare, your child may be experiencing a number of sleep disorders not listed above. Only proper testing and/or your child's physician can make that determination.

PATIENT/FAMILY HISTORY:

- DOES YOUR CHILD STILL HAVE HIS/HER TONSILS?
- HYPERTENSION (HIGH BLOOD PRESSURE)
- DIABETES
- CARDIOVASCULAR DISEASES
(HEART CONDITIONS/PROBLEMS)

SLEEP & SEIZURE CENTERS



This evaluation was not created to generate business. It is actually chartered by the National Sleep Board Association as a general source of educational information and does not contain medical advice. It should not be used to diagnose or treat any medical conditions. Getting an evaluation at a fully accredited sleep disorder center is the best way to determine if your child has a sleep/wake disorder.

Please call us at 361-852-1008 or Toll Free at 1-877-527-5337 (SLEEP) if you need further information.