



Pediatric Sleep Questionnaire

Describe sleep problem?

List of medications:

Past medical history:

Allergies: _____

Birth Weight: _____

Sleep Schedule

Bedtime Weekdays: _____ Bedtime Weekends: _____

Time You Fall Asleep Weekdays: _____ Time You Fall Asleep Weekends: _____

Wake Time Weekdays: _____ Wake Time Weekends: _____

Number of Naps: _____ Time of Nap: _____

Number of Nighttime Awakenings: _____

of hours of sleep in a 24 hour period: _____

Bedtime Routine: _____

Bedtime Resistance: _____

Media, TV, video games, computer, cell phone, texting before bedtime:

Caffeine : _____

Describe sleeping environment: _____

Preferred sleeping position: _____

Use of PAP therapy i.e.CPAP/BiPAP: _____

Please circle the frequency with which patient experiences the following:

- A) **Snoring:** _____ Frequent Occasional Rarely Never
- B) **Pauses in breathing:** _____ Frequent Occasional Rarely Never
- C) **Nocturnal nasal congestion:** _____ Frequent Occasional Rarely Never
- D) **Mouth breathing:** _____ Frequent Occasional Rarely Never
- E) **Nighttime cough:** _____ Frequent Occasional Rarely Never
- F) **Abnormal feelings in the legs:** _____ Frequent Occasional Rarely Never
- G) **Urge to move:** _____ Frequent Occasional Rarely Never
- H) **Difficulty falling asleep:** _____ Frequent Occasional Rarely Never
- I) **Nightmares:** _____ Frequent Occasional Rarely Never
- J) **Acting out your dreams:** _____ Frequent Occasional Rarely Never
- K) **Sleepwalking:** _____ Frequent Occasional Rarely Never
- L) **Talking in your sleep:** _____ Frequent Occasional Rarely Never
- M) **Teeth grinding:** _____ Frequent Occasional Rarely Never
- N) **Jerks during sleep:** _____ Frequent Occasional Rarely Never
- O) **Body or head rocking:** _____ Frequent Occasional Rarely Never
- P) **Bedwetting:** _____ Frequent Occasional Rarely Never
- Q) **Sleepiness during the day:** _____ Frequent Occasional Rarely Never

Have you ever seen or heard things that do not exist before you fall asleep or upon awakening? Yes No

Have you ever experienced episode(s) of sleep eating at night when you are not aware of? Yes No

Have you ever experienced episode(s) when you are not able to move upon awakening or immediately before falling asleep? Yes No

Have you EVER experienced sudden muscle weakness when you laugh?: _____

During the episodes of muscle weakness can you hear?: _____

During the episodes of muscle weakness does the speech become slurred?: _____

During episodes of muscle weakness is your head affected?: _____

During episodes of muscle weakness is your whole body affected?: _____