

Child and Adolescent Sleep Checklist

(For parents and guardians)

This questionnaire is designed to check how well your child sleeps at night, how often he/she is sleepy during the day, and how these sleeping patterns affect your child's daily life.

Please answer the questions below about your child's sleep during the last week. If the last week has been unusual (i.e. busy exam or club activity schedule), please answer the questions with respect to the most recent typical week in your child's life.

For fill-in-the-blank questions, write a number in the blank. For multiple choice questions, place a check in the appropriate box (✓).

The questionnaire should be completed by the parent or guardian who knows your child's sleep patterns best. (More than one parent or guardian may fill out the survey together.)

Your child's name: _____

Gender: Male Female

Age: _____ Grade: _____

Height: _____ cm Weight: _____ kg

- 1** What time does your child go to bed?

On school nights: _____ : _____ PM AM
(weeknights)

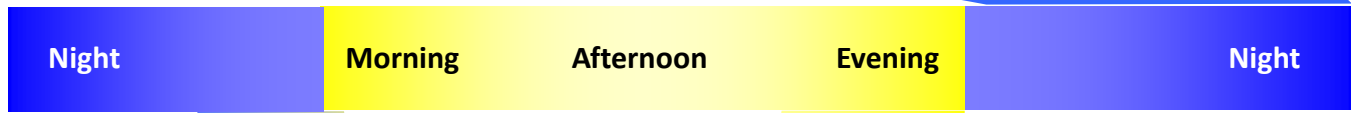
On weekends: _____ : _____ PM AM

2 How long does it take your child to fall asleep?

20 minutes or less
 40 minutes or less
 1 hour or less
 More than 1 hour

3 How many times does your child wake up in the middle of the night?

_____ times, on average



- 4** What time does your child get out of bed?

On school days: _____ : _____ PM AM
(weeknights)

On weekends: _____ : _____ PM AM

10 My child goes to afterschool lessons, clubs, or sports practices _____ times per week.

At the latest, my child gets home at _____ : _____ PM.
- 5** How long does your child usually sleep at night?

On school days (weeknights): _____ hours and _____ minutes

On weekends: _____ hours and _____ minutes

9 My child takes a nap in the afternoon or evening _____ times per week.

My child starts his/her nap at _____ : _____ PM and sleeps for _____ minutes.

11 Who sleeps in the same room with your child at night? (Check all answers that apply.)

My child sleeps alone.
 Brothers or sisters.
 Parents.
 Grandparents etc.
- 6** At night, my child:

gets enough sleep.
 gets almost enough sleep.
 doesn't really get enough sleep.
 doesn't get enough sleep at all.

8 How long does it take your child to get out of bed after his/her alarm goes off or someone wakes him/her up?

_____ minutes


12 Has your child ever been told that his/her tonsils or adenoids are big?

Yes No
- 7** In the morning,

my child wakes up by him/herself.
 my child wakes up with an alarm.
 someone wakes my child up.

Please turn to the next page.

Please answer **all of the questions below** using the following answer choices: **Always** (5 days per week – every day), **Sometimes** (2-4 days per week), **Occasionally** (1 day or less per week), or **Never**.

Choose one answer for each question, and check the corresponding box.  (Make your best guess for each question, and only choose **I don't know** if you are completely unable to answer.)

Always (5-7 days per week) **Sometimes** (2-4 days per week) **Occasionally** (1 day or less per week) **Never** **I don't know**

Before going to sleep:

	Always	Sometimes	Occasionally	Never	I don't know
1 My child drinks a caffeinated beverage three hours or less before going to bed. Soda, coffee, tea, energy drinks, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 My child plays video games, surfs the internet, or sends texts within one hour before going to bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 My child avoids going to bed even though it is time to go to sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 My child feels anxious or afraid when it is time to go to sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 My child has trouble falling asleep when he/she is alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Before my child falls asleep, his/her legs feel uncomfortable as if they can't hold still.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During sleep:

	Always	Sometimes	Occasionally	Never	I don't know
7 My child snores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 My child's breath sounds as if it is getting caught in his/her throat when he/she is asleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 My child stops breathing while he/she sleeps.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 My child tosses and turns, or changes positions often during sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 My child sweats excessively while he/she sleeps.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 My child talks in his/her sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 My child cries out in his/her sleep and wakes up during the night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 My child has scary dreams, or cries out during nightmares.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 My child sleepwalks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 My child's legs twitch during sleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 My child wets the bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 My child grinds his/her teeth while he/she sleeps.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the morning and afternoon:

	Always	Sometimes	Occasionally	Never	I don't know
19 My child sleeps for varying lengths of time each night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 My child feels tired or groggy when he/she wakes up in the morning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 My child skips breakfast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 My child gets sleepy during class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 My child falls asleep during class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 My child falls asleep if he/she sits still. (i.e. watching TV, riding in the car.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>