



Appendix A. SLEEP DISTURBANCES SCALE FOR CHILDREN

INSTRUCTIONS: This questionnaire will allow to your doctor to have a better understanding of the sleep-wake rhythm of your child and of any problems in his/her sleep behavior. Try to answer every question; in answering, consider each question as pertaining to the **past 6 months** of the child's life. Please answer the questions by circling or striking the number 1 to 5. Thank you very much for your help.

Name: _____ Age: _____ Date: _____

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'	2 15-30'	3 30-45'	4 45-60'	5 more than 60'

5 Always (daily)					
4 Often (3 or 5 times per week)					
3 Sometimes (once or twice per week)					
2 Occasionally (once or twice per month or less)					
1 Never					
3. The child goes to bed reluctantly	1	2	3	4	5
4. The child has difficulty getting to sleep at night	1	2	3	4	5
5. The child feels anxious or afraid when falling asleep	1	2	3	4	5
6. The child startles or jerks parts of the body while falling asleep	1	2	3	4	5
7. The child shows repetitive actions such as rocking or head banging while falling asleep	1	2	3	4	5
8. The child experiences vivid dream-like scenes while falling asleep	1	2	3	4	5
9. The child sweats excessively while falling asleep	1	2	3	4	5
10.The child wakes up more than twice per night	1	2	3	4	5
11.After waking up in the night, the child has difficulty to fall asleep again	1	2	3	4	5
12.The child has frequent twitching or jerking of legs while asleep or often changes position during the night or kicks the covers off the bed.	1	2	3	4	5
13.The child has difficulty in breathing during the night	1	2	3	4	5
14.The child gasps for breath or is unable to breathe during sleep	1	2	3	4	5
15.The child snores	1	2	3	4	5
16.The child sweats excessively during the night	1	2	3	4	5

17.You have observed the child sleepwalking	1	2	3	4	5
18.You have observed the child talking in his/her sleep	1	2	3	4	5
19.The child grinds teeth during sleep	1	2	3	4	5
20.The child wakes from sleep screaming or confused so that you cannot seem to get through to him/her, but has no memory of these events the next morning	1	2	3	4	5
21.The child has nightmares which he/she doesn't remember the next day	1	2	3	4	5
22.The child is unusually difficult to wake up in the morning	1	2	3	4	5
23.The child awakes in the morning feeling tired	1	2	3	4	5
24.The child feels unable to move when waking up in the morning	1	2	3	4	5
25.The child experiences daytime somnolence	1	2	3	4	5
26.The child falls asleep suddenly in inappropriate situations	1	2	3	4	5