

SLEEP HISTORY SCREENING: SSS Disturbed Rest

Parent Questionnaire: Answer yes or no to each question exploring the child's sleep habits over the last few months

Name: _____ Age: years _____ months _____

Date: _____

Symptoms warranting PSQ:

S	Sleeping	can you hear your child breathing while they sleep?	yes	no
	While sleeping does your child ever ...	snore?		
		appear to hold breath or stop breathing?		
		gasp or wake with a startle?		
		'work hard' to breathe?		
		have their body in odd positions?		
		have their head extended back?		
		grind their teeth?		
		breathe with their mouth open?		
		leave drool on the pillow?		
S	Sleepless Does your child ...	have difficulty getting to sleep?		
		have difficulty staying asleep?		
		wake middle of the night and have trouble going back to sleep?		
		sleep lightly & are they easily aroused?		
S	Sleepy	wake slow?		

	Despite 'adequate' hours of sleep, does your child ...	wake groggy and/or moody?		
		wake with a headache?		
		experience day time sleepiness?		
		appear lethargic during the day?		
		appear hyperactive during the day?		
D Disturbed Sleep	Does your child ...	have nightmares?		
		have nightmares and not remember the next day?		
		sleep walk or talk?		
		wet the bed?		
		toss & turn?		
R Restless	Does your child ...	have fidgety legs?		
		growing pains?		
		wake in a tangle or bedclothes or on the wrong side of the bed?		

Q Sleep quantity	15-17	13-14	11-12	10-11	9-10
	8-9	7-8	6-7	Less than 6	
How many hours of sleep does your child get, on average, in a 24-hour period including naps? Circle the number closest to the usual sleep hours your child gets.					
	Do you believe your child is getting enough sleep?			yes	no
Q Sleep quality	Do you believe your child has good sleep quality consistently?			yes	no