

# BEARS SLEEP SCREENING TOOL

Use this tool before your child starts ADHD treatment, and throughout, to help monitor sleep issues. The answers will help your doctor find a plan to help manage sleep concerns.

	SCHOOL-AGED (6-12 YEARS)		ADOLESCENT (13-18 YEARS)
	PARENT	CHILD	
<b>B</b> Bedtime problems	Does your child have any problems at bedtime? YES NO	Do you have any problems going to bed? YES NO	Do you have problems falling asleep at bedtime? YES NO
<b>E</b> Excessive daytime sleepiness	Does your child have difficulty waking in the morning, seem sleepy during the day or take naps? YES NO	Do you feel tired a lot? YES NO	Do you feel sleepy a lot during the day? In school? While driving? YES NO
<b>A</b> Awakenings during the night	Does your child seem to wake up a lot at night? YES NO	Do you wake up a lot at night? Have trouble getting back to sleep? YES NO	Do you wake up a lot at night? Have trouble getting back to sleep? YES NO
<b>R</b> Regularity and duration of sleep	What time does your child...? <b>Schoold days:</b> Wake up <input type="text"/> Go to bed <input type="text"/> <b>Weekends:</b> Wake up <input type="text"/> Go to bed <input type="text"/> Do you think he or she is getting enough sleep? YES NO		What time do you usually...? <b>Schoold days:</b> Wake up <input type="text"/> Go to bed <input type="text"/> <b>Weekends:</b> Wake up <input type="text"/> Go to bed <input type="text"/> Do you think you're getting enough sleep? YES NO
<b>S</b> Sleep disordered breathing	At night, does your child have: Loud or nightly snoring? YES NO Breathing difficulties? YES NO		Do your parents say you snore loudly or nightly? YES NO