

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