Prana Health
Ad Vitam - For Life

SLEEP QUESTIONNAIRE- PEDIATRIC

Child's Name: _____ Date: _____

Date of Birth: _____ Referring Physician: _____

Current Height: _____ Current Weight: _____

CHIEF COMPLAINT (WHAT SLEEP SYMPTOMS PROMPTED THIS EVALUATION)

☐ Diagnosis and treatment of sleep apnea
☐ Difficulty Staying awake during the day
☐ Abnormal behaviors during sleep
☐ Snoring
☐ Difficulty putting the child to sleep
☐ Other (Please describe):

INSTRUCTIONS

PLEASE ANSWER THE QUESTIONS ON THE FOLLOWING PAGES REGARDING THE BEHAVIOR OF YOUR CHILD DURING SLEEP AND WAKEFULNESS. THE QUESTIONS APPLY TO HOW YOUR CHILD ACTS IN GENERAL, NOT NECESSARILY DURING THE PAST FEW DAYS. YOU CHECK THE CORRECT RESPONSE OR PRINT YOUR ANSWERS NEATLY IN THE SPACE PROVIDED.

How long has the child had current sleep problem? _____
Have the child had a prior sleep study? ☐No ☐ Yes When_____ Where_____
Has the child had his/her tonsils removed? ☐ No ☐ Yes ☐ Don't Know

NIGHT TIME SYMPTOMS: Please check all which apply
☐ The child snores? If the child snores, is it: ☐ Mild ☐ Moderate ☐ Loud ☐ Very Loud
If yes, is it ☐ Every Night ☐ Usually ☐ Sometimes ☐ Don't Know
What worsens the snoring_____ What relieves it _____
☐ The child stops breathing while sleeping
☐ The child "struggle" to breathe while sleeping
☐ The child has "loud breathing" while sleeping
☐ The child has snorting or gasping episodes while sleeping
☐ The child breathe through mouth while sleeping
☐ The child sleeps in abnormal positions- Please describe_____
☐ Bedwetting ☐ Nasal Congestion ☐ Drooling of saliva on pillows
☐ **Abnormal movements/behaviors at night:**
☐ Head banging or rocking motions prior to falling asleep
☐ Excessive leg jerking during sleep
☐ Sleep walking ☐ acting out dreams ☐ Sleep talking ☐ Seizures

☐ Lip smacking

Child's name_____

☐ **Abnormal movements/behaviors at night: continued**

☐ Unusual mouth movements ☐ grinding teeth ☐ Eating at night while awake

☐ Eating in sleep ☐ Other behavior or activity (please describe):

_____

☐ Uncomfortable sensations, "Ooees" "Owees" or "growing pains" in legs **prior to bedtime** relieved by moving them

SYMPTOMS OF NARCOLEPSY:

☐ Does the child ever feel weak (knees buckle) when emotional (anger, surprise, laughing. If so , how often_____

☐ Vivid dreams or images or hallucinations just when the child is falling asleep or waking up from sleep. If so how often_____

☐ Unable to move and feeling paralyzed just as the child is falling asleep or is waking up form sleep. If so, how often_____

DAYTIME SYMPTOMS: Please check all those apply

☐ The child has poor sleep and feels ☐ Tired ☐Sleepy ☐Groggy ☐Exhausted

☐ The child wake up with a headache

☐ The child wake up with a dry mouth

☐ The child has trouble at school because of sleepiness

☐ The child gets late to school frequently

☐ The child has trouble concentrating

☐ The child has hyperactivity

☐ The child's grades are declining

☐ The child has behavioral problems

SLEEP PATTERN

What is the child's usual bedtime? _____ usual rise time? _____

On average, how long does it take for the child to fall asleep?

☐ The child have unusual or "difficult routine" or "rituals" at bedtime, argumentative or behaves badly before going to bed

☐ On average, how many hours does the child actually sleep at night_____

PAST MEDICAL HISTORY

☐ Delayed developmental ☐ Problems sleeping during infancy and early childhood

Medical Illness:

☐ High blood pressure ☐ ADHD ☐ Allergies ☐ Depression ☐ Anxiety ☐ Acid reflux ☐ Head Injury ☐ Seizures ☐ Iron deficiency ☐ Others: _____

Rahul K. Kakkar, MD, FCCP, FAASM
Certified in Internal Medicine, Pulmonary Disease, Critical Care and Sleep Medicine by American Board of Internal Medicine and by National Board of Physicians and Surgeons
Certified by American Board of Sleep Medicine, and American Board of Obesity Medicine
2911 Breezewood Avenue, # 100, Fayetteville, NC 28303; 1212 Central Dr., Ste 103, Sanford, NC 27730
(P) 910-824-7619 (F) 910-824-7754
www.prana.healthcare

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Child's name _____

Surgical history: List all surgeries that the child has had and approximate dates if possible:

1. _____
2. _____
3. _____

ALLERGIES:_____

MEDICATION HISTORY: Please list all medications that the child is currently taking, including non-prescription drugs

Drug	Dosage	Times per day	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pediatric Daytime Sleepiness Scale (PDSS)
(School age children)

Scoring: 4 Very often; 3 Often, Frequently ; 2 Sometimes; 1 Seldom 0 Never *
Please answer the following questions by circling one answer only:

1. How often so you fall asleep or get drowsy during class periods?
   Always Frequently Sometimes Seldom Never

2. How often do you get sleepy or drowsy while doing your homework?
   Always Frequently Sometimes Seldom Never

3.* Are you usually alert most of the day? – Reverse score
   Always Frequently Sometimes Seldom Never

4. How often are you ever tired and grumpy during the day.
   Always Frequently Sometimes Seldom Never

5. How often do you have trouble getting out of bed in the morning?
   Always Frequently Sometimes Seldom Never

6. How often do you fall back to sleep after being awakened in the morning?
   Always Frequently Sometimes Seldom Never
7. How often do you need someone to awaken you in the morning?

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Always Frequently Sometimes Seldom Never

Child's name _____

8. How often do you think that you need more sleep?
Very Often Often Sometimes Seldom Never

FAMILY HISTORY

Check all that applies ☐ Sleep apnea ☐ Restless legs syndrome ☐ Narcolepsy ☐ major illnesses in parents and siblings (please describe)

_____

SOCIAL HISTORY

☐ Living with parent (s):
☐ The child has sibling (s) (how many)_____
☐ Special education program
☐ Smoking ☐ Alcohol ☐ Recreational drug
What grade:

REVIEW OF SYSTEMS: (PLEASE CHECK ALL THAT APPLY TO YOU):

General: ☐Weight Loss ☐Weight Gain ☐Night Sweats
Eyes: ☐Decreased vision ☐Double Vision ☐Wears Glasses
Cardiovascular: ☐Chest pain ☐Palpitation/ irregular heart beat ☐Murmur ☐Leg Swelling
Respiratory: ☐Chronic Cough ☐Shortness of breath ☐Wheezing/Asthma
Gastrointestinal: ☐Constipation ☐Colic
Genitourinary: ☐Bedwetting ☐Frequent urination at night
Musculoskeletal: ☐Joint Pains
Skin: ☐Easily bruised ☐Rash
Neurological: ☐Weakness ☐Numbness and Tingling ☐Frequent headaches ☐Neuropathy
Psychiatric: ☐Anxiety ☐Depression
Endocrine: ☐Thyroid disease ☐Diabetes ☐Precocious puberty
Hematopoietic: ☐Anemia (low blood count) ☐ Bleeding tendency
Ears: ☐Decreased hearing ☐Ear Infections ☐Ringing in the ears
Allergic Immunologic: ☐Seasonal allergies ☐Contact dermatitis with Neoprene

GIRLS ONLY: ☐Irregular periods ☐Pregnant ☐Using contraceptives *(some medications used in treating sleep disorders can impair the effectiveness of certain contraceptives)*

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