



The Lung Center and Sleep Clinic
 5161 B Drive S, Ste. A
 Battle Creek, MI 49015
 (269) 969-6099
 www.lungcenterandsleepclinic.com

Pediatric Questionnaire – Ages 0-14

.Patient Name: _____ DOB: _____ Weight: _____ Height: _____

Previous Sleep Studies No Yes - Where: _____ When: _____

Describe the sleep or wake problems your son/daughter are having: _____

When was the very first time this problem began? _____ Years ago

Describe what your child usually does during the last 30 minutes before bedtime: _____

Does your child do any of the following in bed at night? Read Watch TV Listen to the Radio Other: _____

Will your child fall asleep alone in bed? No Yes

In order to sleep does your child often need a special toy or object? No Yes – what: _____

Does your child often need a bottle in order to go to sleep? No Yes

What type of bed does your child sleep in? Crib Single Bed Double Bed

Does your child sleep alone? No Yes

Which side of the body does your child sleep on the most: Left Right Back Stomach All Over

What time is the bedroom light turned off: _____ PM/AM Does a parent or child turn off the light? _____

Is your child bothered by environmental noises at night? No Yes - explain _____

As an infant, was your child colicky? No Yes

As an infant, did your child require any of the following devices to get to sleep? Swing Snuggly Car Ride Being Held

On an average how long does it take your child to fall asleep? _____ Hours _____ Minutes

What is the quickest time it has taken your child to fall asleep in the last 2 weeks? _____ Hours _____ Minutes

What is the longest time it has taken your child to fall asleep? _____ Hours _____ Minutes

What do you think prevents your child from falling asleep? Fears Loneliness Not Sleepy Worries Other: _____

Do you get annoyed/angry when your child cannot sleep? No Yes

Do you ever let your child cry in bed until they go to sleep? No Yes

How often does your child cry him/herself to sleep? _____ Time(s) per week

If you let your child cry him/herself to sleep, how long do you let the child cry? 10 20 30 minutes / as long as it takes

When unable to fall asleep, does your child get out of bed? No/Yes If yes, how long after getting into bed
_____ Hours _____ Minutes

Once out of bed, what does your child do? _____

How long is your child up for? _____ Hours _____ Minutes

When your child returns to bed, how long does it take to fall asleep again? _____ Hours _____ Minutes

If the child does not get out of bed, how long does it take to fall back to sleep? _____ Hours _____ Minutes

Once having fallen asleep, how long does your child sleep for? _____ Hours _____ Minutes

Does your child awaken during the night? No Yes - on an average how long will your child be awake for?
_____ Hours _____ Minutes

How often does your child awaken during the night? _____ Times

What time does your child finally awaken in the morning? _____ AM

What time does your child get out of bed in the morning? _____ AM

How does your child's bed look in the morning? Unrumpled Little messy No covers left on bed

How does your child seem on awakening in the morning? _____

How does a poor night's sleep affect your child the next day? -

Does your child feel sleepy during the day? No Yes

Does your child nap during the day? No Yes - how often/long? _____

What time of the day does your child nap? _____ AM _____ PM

If there are no naps, what time of the day does your child feel most tired? _____ AM _____ PM

What time of the day does your child seem most alert? _____ AM _____ PM

As the sleep period approaches, does your child become more alert? No Yes

Do you think a poor night's sleep affects your child's school performance the next day? No Yes

Has the teacher commented on this? No Yes

Does your child toss and turn in bed? No Yes

Have you ever noticed your child's head rocking from side to side at night? No Yes - please describe? _____

How often does this behavior occur? _____Times

Does your child complain of aching legs at bedtime? No Yes Don't Know

Does your child move his/her legs around in bed all night? No Yes Don't Know

Do your child's legs jerk while he is asleep at night? No Yes Don't Know

Does your child have nightmares? No Yes - at what age did they begin? _____ How often _____Times per night

Does your child ever awaken suddenly with a scream and appear inconsolable? No Don't Know Yes – How often? _____Times per month

Does your child sleepwalk? No Yes – How often _____Times per week

If your child sleepwalks, has he/she ever injured him/herself? No Yes – How: _____

Does your child ever wet the bed? No Yes - _____Times per week

Does your child snore at night? No Yes – Does the snoring occur every night? No Yes - How often _____Times per week

Does your child ever seem to stop breathing while asleep? No Yes – For how long? _____

Has your child ever collapsed suddenly or appeared paralyzed? No Yes – Explain: _____

Has your child ever had a tonsillectomy or adenoidectomy? No Yes – When: _____

Please state when your child was last able to sleep consistently without any problem: Never or _____Years/Months ago

What time did your child go to bed then? _____PM

How long did it take your child to fall asleep? _____Hours _____Minutes

Did your child awaken during the night? No Yes – How often _____ How long _____

What time did your child awaken in the morning? _____PM

At what time would you like your child to fall asleep now? _____PM

How long would you like your child to sleep for? _____Hours

Patient Name: _____ DOB: _____

What time would you like your child to awaken in the morning? _____AM

For how long do you think normal children of your child's age sleep? _____Hours

Do you consider your child's sleep problem to be: Mild Moderate Severe

Are there any other medical conditions that we should know about? No Yes – Please Describe: _____

Do you have a family history of any of the following medical conditions: Diabetes Hypertension Heart Disease
Psychiatric Disorders Sleep Disorders Stroke

Does your child have any other sleep problems that you think are relevant? _____

Allergies: _____

Medications

Name	Used For	Name	Used For