

SDIS-C

Sleep Disorders Inventory for Students – Children's Form

Ages 2 through 10 years



Thank you for agreeing to complete this inventory. It is important that you answer every question to the best of your abilities based on your child's behaviors only over the past 6-to-12 months. If you are not sure how to mark some questions, observe your child sleep on two different nights for two hours, beginning approximately 1-2 hours after s/he falls asleep, and then again for 60 minutes around 4:00 or 5:00 a.m. If possible, rate your child's behaviors when s/he is not taking medication.

Please rate your child's behaviors based on the following rating scale:

- 1 = **NEVER:** The student **never** exhibited this behavior immediately before evaluation.
- 2 = **RARELY:** The student exhibited the behavior maybe **once every month or two**.
- 3 = **OCCASIONALLY:** Student exhibited the behavior **3-to-4 times per month**.
- 4 = **SOMETIMES:** The student exhibited the behavior **several times per week**.
- 5 = **OFTEN:** Student exhibited this behavior on a **daily basis** before the evaluation.
- 6 = **ALMOST ALWAYS:** Student exhibited behavior **multiple times per day or night**.
- 7 = **ALWAYS:** Student exhibited this behavior **multiple times per hour daily or nightly**.

Student's Name _____ Today's Date _____ Date of Birth _____
 Parent/Guardian _____ Age _____ Grade _____
 Address _____ Street / Apt _____ City _____ School _____
 _____ State _____ Zip _____ Sex: M F Phone _____

Behaviors

Ratings

- | Behaviors | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|---|---|---|---|---|---|
| 1. Child stops breathing for 5 or more seconds while sleeping | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Breathes through the mouth while awake | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Breathes through the mouth while asleep | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Appears sleepy more often in daytime than other children
of the same age | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Makes repeated leg or arm jerking movements during sleep | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Child has raspy breathing or snores lightly at night | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Snores loudly at night | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Shows confusion or disorientation when awakened | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Child rolls or moves around the bed when sleeping | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Gasps, snorts, or chokes for breath during sleep | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. Sweats a lot while asleep | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. Is irritable | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. Child is very tired during the morning in school between 8:00 a.m.
and 12:00 noon, but alert in the afternoon and evening | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| (Check with teachers if unsure) | | | | | | | |
| 14. Sleeps in strange positions such as cocking the head backwards
or sleeping while sitting upright on pillows or kneeling | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. Exhibits heavy breathing without exercising | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. Wakes up during the night | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. Seems tired after getting plenty of sleep | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. Takes more than 30 minutes to fall asleep once child is
in bed and attempts to sleep | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. Student's attempts to change bedtime from a post-
11:00 pm to earlier on school nights are unsuccessful
because the student is unable to fall asleep earlier | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. Falls asleep more during the daytime than other children
of the same age | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Thank you for agreeing to complete this inventory. It is important that you answer every question to the best of your abilities based on your child's behaviors only over the past 6-to-12 months. If you are not sure how to mark some questions, observe your child sleep on two different nights for two hours, beginning ~ 1-2 hours after s/he falls asleep, and then again for 60 minutes around 4:00 or 5:00 a.m.



Please rate your child's behaviors based on the following rating scale:

1 = Never 2 = Rarely 3 = Occasionally 4 = Sometimes 5 = Often 6 = Almost Always 7 = Always

Behaviors	Ratings						
21. Has a high activity level and has difficulty sitting still	1	2	3	4	5	6	7
22. Student is often touchy or loses temper	1	2	3	4	5	6	7
23. Actively defies or refuses to comply with adults' requests.	1	2	3	4	5	6	7
24. Has difficulty falling asleep on school nights before (circle one answer below): (1) No Difficulty (2) 10:00 p.m. (3) 11:00 p.m. (4) 12:00 a.m. (5) 1:30 a.m. (6) 3 a.m. (7) 4 a.m.							
25. Has difficulty falling asleep on weekend nights before (circle one answer below): (1) No Difficulty (2) 10:00 p.m. (3) 11:00 p.m. (4) 12:00 a.m. (5) 1:30 a.m. (6) 3 a.m. (7) 4 a.m.							
26. Does child grind teeth while sleeping?	1	2	3	4	5	6	7
27. Does child sleep-walk?	1	2	3	4	5	6	7
28. Does child talk in sleep?	1	2	3	4	5	6	7
29. Does child awaken with night terrors (wild-eyed, crying or screaming; unresponsive to parent comforting and cannot remember the night terror the following morning)?	1	2	3	4	5	6	7
30. Does child have bed-wetting episodes?	1	2	3	4	5	6	7

Please circle either "Yes" or "No" for the following questions

1. Was your child underweight as an infant or preschool-aged child? If yes, circle one: a) mildly underweight b) moderately c) severely	Yes / No
2. Is your child underweight now? If yes, circle one: a) mildly underweight b) moderately c) severely	Yes / No
3. Is your child overweight now? If yes, circle one: a) mildly overweight b) moderately c) severely	Yes / No
4. Was child under normal height as an infant or preschool-aged child? If yes, circle one: a) mildly under height b) moderately c) severely	Yes / No
5. Is child under normal height for his/her age now? If yes, circle one: a) mildly under height b) moderately c) severely	Yes / No
6. Does your child have multiple ear infections per year?	Yes / No
7. Does your child have multiple respiratory infections per year?	Yes / No
8. Has a physician ever reported that your child has large tonsils?	Yes / No
9. Has your child's tonsils ever been removed?	Yes / No
10. Has a physician ever reported that your child has enlarged adenoids?	Yes / No
11. Has your child's adenoids been removed?	Yes / No

Please be sure you have marked all items