

BEARS. NARROWING DOWN CHILDREN'S SLEEPING DISORDERS

Questionnaire for parents

	6 – 12 años	13 – 18 años
1. Bedtime trouble	Is it difficult for your child to fall asleep once he/she gets into bed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Too much sleepiness during daytime	Does your child find it hard to wake up in the morning? Does he/she seem to be sleepy along the day or does he-she take a nap? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Waking up during the night	Does your child seem to wake up much in the nighttime? <input type="checkbox"/> YES <input type="checkbox"/> NO Sleepwalking or nightmares? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Consistency and length of sleep	What time does your child go to bed and wakes up when there's no school? _____	
	And, at the weekend? _____	
	Do you think your child gets enough sleep? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Snoring	Does your child snore loudly or does he/she find it hard to breathe during the night? <input type="checkbox"/> YES <input type="checkbox"/> NO	¿Does your child snore loudly during the night? <input type="checkbox"/> YES <input type="checkbox"/> NO

Questionnaire for students

	6 – 12 años	13 – 18 años
1. Bedtime trouble	Is it difficult for you to fall asleep when you get into bed at night? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is it difficult for you to fall asleep once you get into bed at night? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Too much sleepiness during daytime	Do you usually feel very tired? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you feel sleepy along the day, at school, while driving...? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Waking up during the night	Do you usually wake up during the night? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you find it difficult to get back to sleep when you wake up during the night? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you wake up much during the night? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you find it difficult to get back to sleep when you wake up during the night? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Consistency and length of sleep		What time do you go to bed during the week? _____
		And, at the weekend? _____
		How many hours do you usually sleep per night? _____

5. Snoring		
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