



Patient Name: _____

DOB: _____ **MR#:** _____

BEARS SLEEP QUESTIONNAIRE

Please discuss any positive responses with your child's health care provider.

Domain of BEARS	Preschool (2-5 years)	School-Aged (6-12 years)	Adolescent (13-18 years)
Bedtime Problems	Does your child have any problems going to bed? Yes ___ No ___ Falling asleep? Yes ___ No ___	Does your child have any problems at bedtime? Yes ___ No ___	Does your child have any problems falling asleep at bedtime? Yes ___ No ___
Excessive Daytime Sleepiness	Does your child seem over tired or sleepy a lot during the day? Yes ___ No ___ Does your child still take naps? Yes ___ No ___	Does your child have difficulty waking in the morning, seem sleepy during the day, or take naps? Yes ___ No ___	Does your child feel sleepy a lot during the day, fall asleep at school, or fall asleep while driving? Yes ___ No ___
Awakenings During the Night	Does your child wake up a lot at night? Yes ___ No ___	Does your child seem to wake up a lot at night? Yes ___ No ___ Does your child have sleepwalking or nightmares? Yes ___ No ___ Does your child have trouble getting back to sleep? Yes ___ No ___	Does your child wake up a lot at night or have trouble getting back to sleep? Yes ___ No ___

<p>Regularity and Duration of Sleep</p>	<p>Does your child have a regular bedtime and wake time?</p> <p>Yes ___ No ___</p> <p>What time does your child go to bed?</p> <p>What time does your child wake up?</p>	<p>What time does your child go to bed on school days?</p> <p>On weekends?</p> <p>What time does your child wake up on school days?</p> <p>On weekends?</p> <p>Do you think your child is getting enough sleep?</p> <p>Yes ___ No ___</p>	<p>What time does your child go to bed on school days?</p> <p>On weekends?</p> <p>What time does your child wake up on school days?</p> <p>On weekends?</p> <p>How much sleep does your child usually get?</p>
<p>Sleep-Disordered Breathing</p>	<p>Does your child snore a lot or have difficulty breathing at night?</p> <p>Yes ___ No ___</p>	<p>Does your child have loud or nightly snoring or any breathing difficulties at night?</p> <p>Yes ___ No ___</p>	<p>Does your child snore loudly or nightly?</p> <p>Yes ___ No ___</p>

Owens JA, Dalzell V. Use of the “BEARS” sleep screening tool in a pediatric residents' continuity clinic: a pilot study. *Sleep Med.* 2005;6(1):63–9