

Sleep Disturbance Scale for Children

Child's name: _____ Age: _____

Parent/guardian's name: _____ Date: _____

Instructions

This questionnaire will allow your doctor to have a better understanding of the sleep-wake rhythm of your child and of any problems in his/her sleep behavior. Try to answer every question; in answering, consider each question as pertaining to the past 6 months of the child's life. Please answer the questions by selecting the appropriate button.

1. How many hours of sleep does your child get on most nights?					
(1) 9-11 hours					
(2) 8-9 hours					
(3) 7-8 hours					
(4) 5-7 hours					
(5) less than 5 hours					
2. How long after going to bed does your child usually fall asleep?					
(1) Less than 15 minutes					
(2) 15-30 minutes					
(3) 30-45 minutes					
(4) 45-60 minutes					
(5) more than 60 minutes					
1 - Never, 2 - Occasionally (once or twice per month or less), 3 - Sometimes (once or twice per week), 4 - Often (3 or 5 times per week), 5 - Always (daily)					
	1	2	3	4	5
3. The child goes to bed reluctantly.					
4. The child has difficulty getting to sleep at night.					
5. The child feels anxious or afraid when falling asleep.					
6. The child startles or jerks parts of the body while falling asleep.					
7. The child shows repetitive actions such as rocking or head banging while falling asleep.					

	1	2	3	4	5
8. The child experiences vivid dream-like scenes while falling asleep.					
9. The child sweats excessively while falling asleep.					
10. The child wakes up more than twice per night.					
11. After waking up in the night, the child has difficulty falling asleep again.					
12. The child has frequent twitching or jerking of legs while asleep or often changes position during the night or kicks the covers off the bed.					
13. The child has difficulty breathing during the night.					
14. The child gasps for breath or is unable to breathe during sleep.					
15. The child snores.					
16. The child sweats excessively during the night.					
17. You have observed the child sleepwalking.					
18. You have observed the child talking in his/her sleep.					
19. The child grinds teeth during sleep.					
20. The child wakes from sleep screaming or confused so that you cannot seem to get through to him/her, but has no memory of these events the next morning.					
21. The child has nightmares which he/she doesn't remember the next day.					
22. The child is unusually difficult to wake up in the morning.					
23. The child awakes in the morning feeling tired.					
24. The child feels unable to move when waking up in the morning.					
25. The child experiences daytime somnolence.					
26. The child falls asleep suddenly in inappropriate situations.					

Disorders of initiating and maintaining sleep (sum the score of the items 1,2,3,4,5,10,11):
Sleep breathing disorders (sum the score of the items 13,14,15):
Disorders of arousal (sum the score of the items 17,20,21):
Sleep-wake transitions disorders (sum the score of the items 6,7,8,12,18,19):
Disorders of excessive somnolence (sum the score of the items 22,23,24,25,26):
Sleep hyperhidrosis (sum the score of the items 9,16):
Total score (sum 6 factors scores):

Scoring

Parents use a five-point Likert-type scale to indicate how frequently their children exhibit certain behaviors: 1 means “never,” while five corresponds with “always (daily).” Respondents also offer estimates of sleep quantity and onset time. Higher scores indicate more acute sleep disturbances.

To obtain results, scores are tallied for each of the six sleep-disorder categories, and an overall score is calculated.

Reference

Bruni, O., Ottaviano, S., Guidetti, V., Romoli, M., Innocenzi, M., Cortesi, F., & Giannotti, F. (1996). The sleep disturbance scale for children (SDSC): Construction and validation of an instrument to evaluate sleep disturbances in childhood and adolescence. *Journal of Sleep Research*, 5, 251–261.