B.E.A.R.S. Sleep Screen or Questionnaire

(ENGLISH VERSION)

(P) Parent-directed question (C) Child-directed question

	PRESCHOOL (2-5 years)	SCHOOL-AGED (6-12 years)	ADOLESCENT (13-18 years)
Bedtime problems	(P) Does your child have any problems going to bed? Falling asleep?	(P) Does you child have any problems going to bed? (C) Do you have any trouble going to bed?	(C) Do you have any problems falling asleep at bedtime?
Excessive daytime sleepiness	(P) Does your child seem overtired or sleepy a lot during the day? Does he still take naps?	(P) Does your child have difficulty waking in AM, seem sleepy during the day or take naps? (C) Do you feel tired a lot?	(C) Do you feel sleepy a lot during the day? In school? While driving?
Awakenings during the night	(P) Does your child wake up a lot at night?	(P) Does your child seem to wake up a lot at night? Any sleepwalking/ nightmares? (C) Do you wake up a lot at night? Trouble getting back to sleep?	(C) Do you wake up a lot at night? Have trouble getting back to sleep?
Regularity & duration of sleep	(P) Does your child have a regular bedtime and wake time? What are they?	(P) What time does your child go to bed & get up on school days? Weekends? Do you think he is getting enough sleep?	(C) What time do you usually go to bed on school nights? Week-ends? How much sleep do you usually get?
Sleep-Disordered Breathing	(P) Does your child snore a lot or have difficulty breathing at night?	(P) Does your child have loud or nightly snoring or breathing difficulties at night?	(P) Does your teenager snore loudly or nightly?

Source: https://capp.ucsf.edu/sites/g/files/tkssra6871/f/Sleep%20handout%20for%20families.pdf