

NAME:	DATE:		
Medication?			
What is your child's usual bedtime?	P.M.		
How long does it take for him/her to fall asleep?	Min/HR		
Does your child wake up at night?	YES	NO	I Don't Know
Is the child sleepy during the day?	YES	NO	I Don't Know
Does the child habitually nap?	YES	NO	I Don't Know
Does the child bang head in sleep?	YES	NO	I Don't Know
Is the child a restless sleeper?	YES	NO	I Don't Know
Does your child have leg pains?	YES	NO	I Don't Know
Does the child have nightmares?	YES	NO	I Don't Know
Does he/she scream in sleep?	YES	NO	I Don't Know
Is there teeth grinding during sleep?	YES	NO	I Don't Know
Does your child sleepwalk?	YES	NO	I Don't Know
Does the child wet the bed?	YES	NO	I Don't Know
Does the child snore?	YES	NO	I Don't Know
Does the child mouth breathe?	YES	NO	I Don't Know
Does the child kick during sleep?	YES	NO	I Don't Know
Does the child sleep in unusual positions?	YES	NO	I Don't Know
Was your child born pre-maturely?	YES	NO	I Don't Know
Does your child sweat while asleep?	YES	NO	I Don't Know
Does your child have difficulty waking themselves up in the morning?	YES	NO	I Don't Know
Did your child have eczema, cradle cap, or other allergies at any time?			
Natural delivery or C-Section? Circle One:	Natural		C-Section
Does your child have any hearing problems?	YES	NO	I Don't know
Does your child have difficulty concentrating at school or behavioral problems at school?	YES	NO	I Don't know