Appendix A. SLEEP DISTURBANCES SCALE FOR CHILDREN – DECISION MAKING CODE

Clinician: Use this reference sheet to calculate total score on the sleep disturbances scale for children (range: 26 to 130). Total score can be calculated by adding the factor scores (DIMS, SBD, DA, SWTD, DOES, SHY) as described at the bottom of this page.

Note: record the total score in the space provided on the ‘Sleep Disturbances Scale for Children’ assessment form.

<table>
<thead>
<tr>
<th>1. How many hours of sleep does your child get on most nights.</th>
<th>1 9-11 hours</th>
<th>2 8-9 hours</th>
<th>3 7-8 hours</th>
<th>4 5-7 hours</th>
<th>5 less than 5 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. How long after going to bed does your child usually fall asleep</td>
<td>1 less than 15'</td>
<td>2 15-30'</td>
<td>3 30-45'</td>
<td>4 45-60'</td>
<td>5 more than 60'</td>
</tr>
</tbody>
</table>

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'  
   - 2 15-30'  
   - 3 30-45'  
   - 4 45-60'  
   - 5 more than 60'

3. The child goes to bed reluctantly  
   - 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)

4. The child has difficulty getting to sleep at night  
   - 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)

5. The child feels anxious or afraid when falling asleep  
   - 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)

6. The child startles or jerks parts of the body while falling asleep  
   - 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)

7. The child shows repetitive actions such as rocking or head banging while falling asleep  
   - 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)

8. The child experiences vivid dream-like scenes while falling asleep  
   - 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)

9. The child sweats excessively while falling asleep  
   - 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)

10. The child wakes up more than twice per night  
    - 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)

11. After waking up in the night, the child has difficulty to fall asleep again  
    - 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)

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.  
    - 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)

13. The child has difficulty in breathing during the night  
    - 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)

14. The child gasps for breath or is unable to breathe during sleep  
    - 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)

15. The child snores  
    - 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)

16. The child sweats excessively during the night  
    - 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)

17. You have observed the child sleepwalking  
    - 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)

18. You have observed the child talking in his/her sleep  
    - 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)

19. The child grinds teeth during sleep  
    - 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)

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  
    - 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)

21. The child has nightmares which he/she doesn’t remember the next day  
    - 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)

22. The child is unusually difficult to wake up in the morning  
    - 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)

23. The child awakes in the morning feeling tired  
    - 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)

24. The child feels unable to move when waking up in the morning  
    - 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)

25. The child experiences daytime somnolence  
    - 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)

26. The child falls asleep suddenly in inappropriate situations  
    - 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)

- **DIMS**: Disorders of initiating and maintaining sleep (sum the score of the items 1,2,3,4,5,10,11)  
- **SBD**: Sleep Breathing Disorders (sum the score of the items 13,14,15)  
- **DA**: Disorders of arousal (sum the score of the items 17,20,21)  
- **SWTD**: Sleep-Wake Transition Disorders (sum the score of the items 6,7,8,12,18,19)  
- **DOES**: Disorders of excessive somnolence (sum the score of the items 22,23,24,25,26)  
- **SHY**: Sleep Hyperhydrosis (sum the score of the items 9,16)  

**Total score** (sum 6 factors’ scores)
Appendix B. SDSC Scoring Sheet

Clinician: use this form for reference to determine the child’s sleep profile. Compare the child’s T-score (see last column), total score and factor score. Higher scores indicate more disturbances, lower scores indicate less disturbances.

**Note:** Values from this scoring sheet are for your reference during the assessment/follow-up assessment and are not to be recorded on the ‘Sleep Disturbances Scale for Children’ assessment form.

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