

# Pediatric Sleep Intake Flowsheet

Name: _____	Date of Birth: _____	Today's Date: _____
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## Weekday Sleep Schedule

Bedtime: \_\_\_\_\_

Length of time in bed prior to falling asleep: \_\_\_\_\_

Number of Awakenings: \_\_\_\_\_

Wake Time: \_\_\_\_\_

Naps: \_\_\_\_\_

## Weekend Sleep Schedule

Bedtime: \_\_\_\_\_

Length of time in bed prior to falling asleep: \_\_\_\_\_

Number of Awakenings: \_\_\_\_\_

Wake Time: \_\_\_\_\_

Naps: \_\_\_\_\_

## Describe your child's bedtime

routine: \_\_\_\_\_

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## Does your child...

Snore loudly 3 nights or more a week?

**YES**

**NO**



Have mouth breathing?



Stop breathing/gasp for breath when sleeping?



Grind their teeth?



Have restless sleep?



Kick legs in sleep?



Have creeping, crawling or aching legs at bedtime?

Sweat during sleep?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does your child...</b>	<b>YES</b>	<b>NO</b>
Sleepwalk?	<input type="checkbox"/>	<input type="checkbox"/>
Wake up screaming?	<input type="checkbox"/>	<input type="checkbox"/>
Wet the bed?	<input type="checkbox"/>	<input type="checkbox"/>
Headbang/body rock?	<input type="checkbox"/>	<input type="checkbox"/>
Have inattention, hyperactivity or poor impulse control?	<input type="checkbox"/>	<input type="checkbox"/>
Ever fall asleep unexpectedly?	<input type="checkbox"/>	<input type="checkbox"/>
Ever feel muscle weakness in periods of high emotion (laughing, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Have episodes of slurred speech, mouth dropping open or tongue hanging out?	<input type="checkbox"/>	<input type="checkbox"/>
Hear or see things that are not there when falling asleep or waking up?	<input type="checkbox"/>	<input type="checkbox"/>
Ever wake up unable to move at all?	<input type="checkbox"/>	<input type="checkbox"/>
Eat or drink any caffeine products?	<input type="checkbox"/>	<input type="checkbox"/>
Ever use any medications to help them sleep?	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you would like us to know about your child's sleep?

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We look forward to partnering with you to optimize your child's sleep!

Please contact us with any additional questions/information.

**Advocate Children's Sleep Network**

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