





PARENT QUESTIONNAIRE

For Kids Sleepiness Scale (KISS)

How sleepy is your child in the following situations? Consider how your child was the past week or so. Circle your answer choice.

CHANCE OF FALLING ASLEEP:	0 	1 	2 	3 
	NO CHANCE	LITTLE	MORE	A LOT

1. Doing homework	0	1	2	3
2. Watching TV	0	1	2	3
3. Sitting in the classroom while listening to your teacher	0	1	2	3
4. Riding in the backseat of a car while someone is driving	0	1	2	3
5. Resting at home in the afternoon, after school	0	1	2	3
6. Playing with friends	0	1	2	3
7. Sitting in the classroom after lunch	0	1	2	3
8. Waiting for the bus at the bus stop	0	1	2	3

CHILD QUESTIONNAIRE

Kids Sleepiness Scale (KISS)

How sleepy are you in the following situations? Consider how you have felt in the past week or so. Circle your answer choice.

CHANCE OF FALLING ASLEEP:				
1. Doing homework				
2. Watching TV				
3. Sitting in the classroom while listening to your teacher				
4. Riding in the backseat of a car while someone is driving				
5. Resting at home in the afternoon, after school				
6. Playing with friends				
7. Sitting in the classroom after lunch				
8. Waiting for the bus at the bus stop				

Child's Name: _____
 Person completing form: _____

Study ID #: _____
 Date: ____/____/____

Please answer these questions regarding the behavior of your child during sleep and wakefulness. The questions apply to how your child acts in general during the past month, not necessarily during the past few days since these may not have been typical if your child has not been well. You should circle the correct response or *print* your answers neatly in the space provided. A "Y" means "yes," "N" means "no," and "DK" means "don't know."

1. WHILE SLEEPING, DOES YOUR CHILD:				
Snore more than half the time?.....	Y	N	DK	A2
Always snore?	Y	N	DK	A3
Snore loudly?	Y	N	DK	A4
Have "heavy" or loud breathing?	Y	N	DK	A5
Have trouble breathing, or struggle to breathe?	Y	N	DK	A6
2. HAVE YOU EVER SEEN YOUR CHILD STOP BREATHING DURING THE NIGHT?				A7
3. DOES YOUR CHILD:				
Tend to breathe through the mouth during the day?.....	Y	N	DK	A24
Have a dry mouth on waking up in the morning?	Y	N	DK	A25
Occasionally wet the bed?	Y	N	DK	A32
4. DOES YOUR CHILD:				
Wake up feeling unrefreshed in the morning?	Y	N	DK	B1
Have a problem with sleepiness during the day?	Y	N	DK	B2
5. HAS A TEACHER OR OTHER SUPERVISOR COMMENTED THAT YOUR CHILD APPEARS SLEEPY DURING THE DAY?				B4
6. IS IT HARD TO WAKE YOUR CHILD UP IN THE MORNING?				B6
7. DOES YOUR CHILD WAKE UP WITH HEADACHES IN THE MORNING?.....				B7
8. DID YOUR CHILD STOP GROWING AT A NORMAL RATE AT ANY TIME SINCE BIRTH?				B9
9. IS YOUR CHILD OVERWEIGHT?				B22
10. THIS CHILD OFTEN:				
Does not seem to listen when spoken to directly.	Y	N	DK	C3
Has difficulty organizing tasks and activities.	Y	N	DK	C5
Is easily distracted by extraneous stimuli.	Y	N	DK	C8
Fidgets with hands or feet or squirms in seat.	Y	N	DK	C10
Is "on the go" or often acts as if "driven by a motor".	Y	N	DK	C14
Interrupts or intrudes on others (eg., butts into conversations or games).	Y	N	DK	C18

Thank you!