**PEDiatric SLEEP SCREEN - “BEARS” (AGES 2-18 YEARS)**

This instrument is designed to provide a practical and user-friendly vehicle for teaching medical students and residents to incorporate a pediatric sleep history into the standard history and physical in both ambulatory and inpatient settings. The “BEARS” instrument is divided into 5 major sleep domains, which provides a comprehensive screen for the major sleep disorders affecting children in the 2-18 year old age range. Each sleep domain has a set of age-appropriate “trigger questions” for use in the clinical interview. The accompanying curriculum is designed to teach medical students the basics of sleep and sleep disorders in children, utilizing “BEARS” as a format for organizing the major teaching points.

**B** = Bedtime problems  
**E** = Excessive daytime sleepiness  
**A** = Awakenings during the night  
**R** = Regularity and duration of sleep  
**S** = Sleep disordered breathing

**EXAMPLES OF DEVELOPMENTALLY APPROPRIATE TRIGGER QUESTIONS:**

<table>
<thead>
<tr>
<th></th>
<th>PRESCHOOL (2-5 Years)</th>
<th>SCHOOL-AGED (6-12 Years)</th>
<th>ADOLESCENT (13-18 Years)</th>
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</table>
| **1) Bedtime problems** | Does your child have any problems going to bed?  
Falling asleep? | Does your child have any problems at bedtime? (P)  
Do you have any problems going to bed? (C) | Do you have any problems falling asleep at bedtime? (C) |
| **2) Excessive daytime sleepiness** | Does your child seem over tired or sleepy a lot during the day? Does she still take naps? | Does your child have difficulty waking in the morning, seem sleepy during the day or take naps? (P)  
Do you feel tired a lot? (C) | Do you feel sleepy a lot during the day? in school? while driving? (C) |
| **3) Awakenings during the night** | Does your child wake up a lot at night? | Does your child seem to wake up a lot at night?  
Any sleepwalking or nightmares? (P)  
Do you wake up a lot at night?  
Have trouble getting back to sleep? (C) | Do you wake up allot at night?  
Have trouble getting back to sleep? (C) |
| **4) Regularity and duration of sleep** | Does your child have a regular bedtime and wake time?  
What are they? | What time does your child go to bed and get up on school days?  
Weekends? Do you think he/she is getting enough sleep? (P) | What time do you usually go to bed on school nights?  
Weekends? How much sleep do you usually get? (C) |
| **5) Sleep-disordered breathing** | Does your child snore a lot or have difficulty breathing at night? | Does your child have loud or nightly snoring or any breathing difficulties at night? (P) | Does your teenager snore loudly or nightly? (P) |

P = Parent  
C = Child