



Never occurs	Not often (less than once a week)	Sometimes (1 to 2 times a week)	Often (3 to 5 times a week)	Always (6 to 7 times a week)	Do not know
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<b>Current Sleep Symptoms</b>					
Difficulty breathing when asleep					
Stops breathing during sleep					
Snores					
Restless sleep					
Sweating when sleeping					
Coughing at night					
Complain of upset stomach at night					
Poor appetite					
Nightmares					
Sleepwalking					
Sleeptalking					
Screaming in his/her sleep					
Kicks legs in sleep					
Wakes up at night					
Gets out of bed at night					
Trouble staying in his/her bed					
Resists going to bed at bedtime					
Grinds his/her teeth					
Wets bed					
<b>Current Daytime Symptoms</b>					
Trouble getting up in the morning					
Falls asleep in school					
Naps after school					
Uncomfortable or strange feeling in legs					
Feels weak or loses control of muscles with strong emotions					
Reports unable to move when falling asleep or upon waking					
Sees frightening visual images before falling asleep or upon waking					