

The BEARS sleep screening tool adapted for UASC in reception centres

UASC Pre and Post circadian rhythm reset

Child's name: _

| Category | Adolescent (13-18 years) | Pre-circadian rhythm reset | Post-circadian rhythm reset |
|---|---|----------------------------|-----------------------------|
| 1. B edtime problems | Do you have any problems falling asleep at bedtime? (C) | | |
| 2. Excessive daytime sleepiness | Do you feel sleep a lot during the day? During activities you are doing?(C) | | |
| 3. A wakenings during the night | Do you wake up a lot at night? Have trouble getting back to sleep? (C) | | |
| 4. R egularity and duration of sleep | What time do you usually go to bed each night? How much sleep do you usually get? (C) | | |
| 5. S noring | Do your house mates/ roommates report you snoring? (C) | | |

(C) Child-directed question

Source: "A Clinical Guide to Pediatric Sleep: Diagnosis and Management of Sleep Problems" by Jodi A. Mindell and Judith A. Owens; Lippincott Williams & Wilkins

