

**Purpose** The BEARS is a quick 5-item screening tool to be used with children in a primary care setting. In order to make the instrument “user-friendly” for families and easy to remember for clinicians, each letter of the test’s acronym represents one of the five items for query: Bedtime issues, Excessive daytime sleepiness, night Awakenings, Regularity and duration of sleep, and Snoring. Parents are asked about possible problems in each domain: a “yes” response prompts physicians to solicit further information (e.g., frequency and nature of problem). Though the tool is not likely to improve a clinician’s ability to diagnose sleep difficulties in children, it has been shown to increase the amount of sleep information that physicians request from patients and families, improving the likelihood that disordered sleep will receive attention and treatment in a general care setting.

**Population for Testing** The survey is designed for use with children between the ages of 2 and 12.

**Administration** Delivered in a clinical interview format by a primary care physician, the test is not

particularly structured and administration times will vary depending on specific patient needs.

**Reliability and Validity** Though not yet evaluated for its psychometric properties, the instrument has been shown to increase the amount of sleep information collected by physicians by a twofold to tenfold difference (Owens and Dalzell 2005).

**Obtaining a Copy** A published copy can be obtained in the original study conducted by Owens and Dalzell [1].

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**Scoring** Results depend on the interpretation of trained clinicians – identified problems should be addressed with recommendations or referrals where appropriate.

**BEARS Sleep Screening Tool**

	Preschool (2-5 years)	School-aged (6-12 years)	Adolescent (13-18 years)
<b><i>B</i></b> edtime 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)
<b><i>E</i></b> xcessive 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)
<b><i>A</i></b> wakenings 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 a lot at night?  Have trouble getting back to sleep? (C)
<b><i>R</i></b> egularity 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 s/he 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)
<b><i>S</i></b> leep-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 or nightly? (P)

*B* bedtime problems; *E* excessive daytime sleepiness; *A* awakenings during the night; *R* regularity and duration of sleep; *S* sleep-disordered breathing; *P* Parent; *C* Child

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**Reference**

1. Owens, J. A., & Dalzell, V. (2005). Use of the "BEARS" sleep screening tool in a pediatric residents' community clinic: a pilot study. *Sleep Medicine, 6*(1), 63–69.

Valrie, C. R., Gil, K. M., Redding-Lallinger, R., & Daeschner, C. (2007). The influence of pain and stress on sleep in children with sickle cell disease. *Children's Health Care, 36*(4), 335–353.

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**Representative Studies Using Scale**

Beebe, D. W. (2006). Neural and neurobehavioral dysfunction in children with obstructive sleep apnea. *PLoS Medicine, 3*(8), e323.