

Sleep Questionnaire 2  
“Sleep Disturbances in Individuals with Smith Lemli Opitz Syndrome”

Height\_\_\_\_\_, Weight \_\_\_\_\_Age\_\_\_\_\_, Gender M F

**Please respond to the 8 questions below as honestly as you can by circling one answer only. These questions are part of a standard form, so try to answer them even if you feel they do not apply to the family member with SLO. We expect that a parent, guardian, or caregiver will complete this form for his/her child/legal dependent or assist the SLO adult in answering the questions below.**

1. How often does your family member with SLO fall asleep or get drowsy during class periods?  
Always      Frequently      Sometimes      Seldom      Never
2. How often does your family member with SLO get sleepy or drowsy while doing homework?  
Always      Frequently      Sometimes      Seldom      Never
3. Is your family member with SLO alert most of the day?  
Always      Frequently      Sometimes      Seldom      Never
4. How often is your family member with SLO tired and grumpy during the day?  
Always      Frequently      Sometimes      Seldom      Never
5. How often does your family member with SLO have trouble getting out of bed in the morning?  
Always      Frequently      Sometimes      Seldom      Never
6. How often does your family member with SLO fall back asleep after being awakened in the morning?  
Always      Frequently      Sometimes      Seldom      Never
7. How often does your family member with SLO need someone to awaken him or her in the morning?  
Always      Frequently      Sometimes      Seldom      Never
8. How often do you think your family member with SLO needs more sleep?  
Always      Frequently      Sometimes      Seldom      Never

Questionnaire after Drake et al.