



# New Resource Tools for ADHD Care 2017

## **1. General ADHD Resources:**

- a. CHADD Fact Sheet on Parenting
- b. Local Resource List
- c. Cedar Family Health Center Fact Sheet
- d. Online Printable Resources

## **2. Sleep Resources:**

- a. CHADD Fact Sheet: ADHD, Sleep and Sleep Disorders
- b. Sleep Education: Top 10 Healthy Sleep Habits for Children and Teens
- c. Sleep Disorders Screeners and Questionnaires: Options for Pediatricians
- d. Children's Sleep Habits Questionnaire (CSHQ) Long Form and CSHQ Subscales
- e. BEARS Sleep Screening

## **3. Eating Resources:**

- a. ADHD: Healthy Foods and Appetite

*While a great deal of information on the diagnosis and treatment of ADHD is available, not all of it is accurate or based on scientific evidence. It is up to you to be a good consumer and learn to distinguish the accurate information from the inaccurate.*

## Parenting a Child with ADHD

While ADHD is believed to be hereditary, effectively managing your child's symptoms can affect both the severity of the disorder and development of more serious problems over time. Early intervention holds the key to positive outcomes for your child. The earlier you address your child's problems, the more likely you will be able to prevent school and social failure and associated problems such as underachievement and poor self-esteem that may lead to delinquency or drug and alcohol abuse. Although life with your child may at times seem challenging, as a parent you can help create home and school environments that improve your child's chances for success.

**Here are some ways to get started.**

**Don't waste your limited emotional energy on self-blame.** ADHD is a disorder in certain areas of the brain and is inherited in the majority of cases. It is not caused by poor parenting or a chaotic home environment, although the home environment can make the symptoms of ADHD better or worse.

**Learn all you can about ADHD.**

While a great deal of information on the diagnosis and treatment of ADHD is available, not all of it is accurate or based on scientific evidence. It is up to you to be a good consumer and learn to distinguish the accurate information from the inaccurate. How can you sort out what will be useful and what will not? In general, it is good to be wary about ads claiming to cure ADHD. Currently, there is no cure for ADHD, but you can take positive steps to decrease its impact. In addition, pay attention to the source of the information. If you're using the Internet, stick with reputable websites such as government, nonprofit (such as CHADD) or university resources.

**Make sure your child has a comprehensive assessment.** To complete the diagnostic process, make sure your child has a comprehensive assessment that includes medical, educational and psychological evaluations (involving input from your child's teacher) and that other disorders that either mimic or commonly occur with ADHD have been considered and ruled out.

**How to help your child succeed at school**

**Become an effective case manager.** Keep a record of all information about your child. This includes copies of all report cards, teacher notes, disciplinary reports, evaluations and documents from any meetings concerning your child. You might also include information about ADHD, a record of your child's prior treatments and placements, and contact information for the professionals who have worked with your child.

**Form a team that understands ADHD and be the team captain.** Meetings at your child's school should be attended by the principal's designee as well



as a special educator and a classroom teacher that knows your child. You, however, have the right to request input at these meetings from others that understand ADHD or your child's special needs. These include your child's physician, the school psychologist, and the nurse or guidance counselor from your child's school. If you have consulted other professionals, such as a psychiatrist, psychologist, educational advocate or behavior management specialist, the useful information they have provided should also be made available at these meetings. A thorough understanding of your child's strengths and weaknesses and how ADHD affects him will help you and members of the team go on to develop an appropriate and effective program that takes into account his or her ADHD.

## Identify your child's strengths. Build upon these strengths, so that your child will have a sense of pride and accomplishment.

**Learn all you can about ADHD and your child's educational rights.** The more knowledge you have about your child's rights under the two education laws, the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act, the better to maximize his or her success. Each state has a parent technical assistance center that can help you learn more about your child's rights (visit <http://www.parentcenterhub.org/ptacs/> to find the center in your state).

**Become your child's best advocate.** You need to represent and protect your child's best interest in school situations, both academic and behavioral. Become an active part of the team that determines what services and placements your child receives in an Individualized Education Plan (IEP) or Section 504 plan. See Educational Rights for Children with ADHD for more information.

**Communicate regularly.** Adopt a collaborative attitude when working with your child's team—after all, everyone has the same goal, to see your child succeed! Let your child's teachers know if there are some major changes going on in your family since your child's behavior can be affected. Invite the teachers to contact you with any issues or concerns before they become a problem. Having open lines of communication between you and the school will help your child.

### How to make life at home easier

**Join a support group.** Parents will find additional information, as well as support, by attending local CHADD

meetings where available. You can find the nearest chapter to your home on <http://www.chadd.org> using the chapter locator.

**Seek professional help.** Ask for help from mental health professionals, particularly if you are feeling depressed, frustrated or exhausted. Helping yourself feel less stressed will benefit your child as well.

**Work together.** It is important that all of the adults that care for your child (parents, grandparents, relatives and babysitters) agree on how to handle your child's problem behaviors. Working with a professional, if needed, can help you better understand how to work together to support your child.

**Learn the tools of successful behavior management.** Behavioral techniques have been widely established as a key component of treatment for children with ADHD. Parent training will teach you strategies to change behaviors and improve your relationship with your child. CHADD offers the Parent to Parent Program, which provides basic education on many facets of ADHD. You can also identify parent training programs in your community through your local parent information and resource center (<http://www.federalresourcecenter.org/frc/TAGuide/welcome.htm>) or parent training and information center ([www.parentcenterhub.org/ptacs/](http://www.parentcenterhub.org/ptacs/)).

**Find out if you have ADHD.** Since ADHD is often inherited, many parents of children with ADHD discover that they have ADHD when their child is diagnosed. Parents with ADHD may need the same types of evaluation and treatment that they seek for their children in order to function at their best. ADHD in the parent may make the home more chaotic and affect a parent's ability to be proactive rather than reactive.

### Parent training will help you learn to:

**Provide clear, consistent expectations, directions and limits.** Children with ADHD need to know exactly what others expect from them. They do not perform well in





ambiguous situations that don't specify exactly what is expected and that require them to "read between the lines." Working with a professional can help narrow the focus to a few specific behaviors, help you set limits and consistently follow through with consequences.

**Set up an effective discipline system.** Parents should learn proactive—not reactive—discipline methods that teach and reward appropriate behavior and respond to misbehavior with alternatives such as time outs or loss of privileges. Communicate with the other people who care for your child and work to be as consistent with behavioral techniques across settings and caregivers as possible.

**Help your child learn from his or her mistakes.** At times, negative consequences will arise naturally out of a child's behavior. However, children with ADHD have difficulty making the connection between their behaviors and these consequences. Parents can help their child with ADHD make these connections and learn from his/her mistakes.

### How to boost your child's confidence

**Set aside a daily special time for you and your child.** Constant negative feedback can erode a child's self-esteem. A special time, whether it's an outing, playing games or just time spent with your child in positive interaction, can help fortify your child against assaults to self-worth.

**Notice your child's successes, no matter how small.** Make an effort to notice when your child is paying attention well or doing what s/he is supposed to be doing. Tell your child exactly what she/he did well. This can improve your child's self-esteem and teach him/her to notice gradual improvements, rather than being too hard on him/herself.

**Tell your child that you love and support him/her unconditionally.** There will be days when you may not believe this yourself. Those will be the days when it is even more important that you acknowledge the difficulties your child constantly faces and express your love. Let your child know that you will get through both the smooth and rough times together.

**Assist your child with social skills.** Children with ADHD may be rejected by peers because of hyperactive, impulsive or aggressive behaviors. Parent training can help you learn how to assist your child in making friends and learning to work cooperatively with others.

**Identify your child's strengths.** Many children with ADHD have strengths in certain areas such as art, athletics, computers or mechanical ability. Build upon these strengths, so that your child will have a sense of pride and accomplishment. Make sure that your child has the opportunity to be successful while pursuing these activities and that his strengths are not undermined by untreated ADHD. Also, avoid, as much as possible, targeting these activities as contingencies for good behavior or withholding them, as a form of punishment, when your child misbehaves.

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For further information please contact:  
National Resource Center on ADHD  
Children and Adults with Attention-Deficit/Hyperactivity Disorder  
4601 Presidents Drive, Suite 300  
Lanham, MD 20706  
[www.help4adhd.org](http://www.help4adhd.org)

## **ADD / ADHD Resources**

### **Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)**

#### **Rhode Island CHADD Chapter**

Offers monthly programs for Adults with ADHD, Parents of Children with ADHD and Professionals in the ADHD field.

**Contact Person:** Roberta

**Phone:** 401-369-0045

**Chapter E-Mail:** [rhode-island@chadd.net](mailto:rhode-island@chadd.net) **Website:** [www.chadd.net/810](http://www.chadd.net/810)

### **Rhode Island Parent Information Network (RIPIN)**

Assist individuals, parents, families, and children to achieve their goals for health, education and socio-economic well-being by providing information, training, education, support and advocacy for person/family centered care and system change.

**Address:** 1210 Pontiac Ave, Cranston RI

**Phone:** 401-270-0101

**E-mail:** [info@ripin.org](mailto:info@ripin.org) **Website:** [www.ripin.org](http://www.ripin.org)

### **Parent Support Network of Rhode Island**

An organization of families supporting families with children, youth and young adults who experience or are at risk for serious behavioral, emotional and or mental health challenges.

**Address:** 535 Centerville Rd, #202, Warwick RI

**Phone:** 401-467-6855 **Website:** [www.psnri.org](http://www.psnri.org)

### **CEDAR Family Centers**

Cedar is a Medicaid program for children from birth to age 21 who have special health care needs and their families. Cedar staff can assess your needs and find services and support for your child and family.

**Locations:** RI Parent Information Network Cedar, Cranston. Phone: 401-270-0101

Three Cedar Family Center, Providence. Phone: 401-444-7703

Solutions Cedar at Family Service RI, Providence. Phone: 401-331-1350

**Website:** <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/CSHCN/CedarFactSheet121516.pdf>

### **Rhode Island Department of Education and Special Education**

The goal of Special Education is to improve the academic, social and post school success of students with disabilities ages 3 to 21. Students eligible for special education require specially designed instruction and related services as needed to meet their unique needs.

**Address:** 255 Westminster Street, Providence, RI

**Phone:** 401-222-8999

**Website:** [www.ride.ri.gov/Students-Families/Special Education.aspx](http://www.ride.ri.gov/Students-Families/SpecialEducation.aspx)

\*Please note that list is in no specific order and resources are not limited to only those listed.

\*Please contact your Primary Care Doctor for additional resources.



## **Cedar Family Centers**

For children and youth with special health care needs and their families

### ***What are Cedar Family Centers?***

A Cedar Family Center is a site that provides evolving, family-centered, intensive care management and coordination in order to assist families in reaching their full potential and thrive in their own communities.

A Cedar can assist you with:

- ✓ Obtaining clinical services
- ✓ Referrals to community and social supports
- ✓ Health Promotion (i.e. education and prevention)
- ✓ Screenings for physical and mental health
- ✓ Transitional Care (between levels of service)
- ✓ Family advocacy

### ***Who is eligible for Cedar Services?***

- Families of children birth to age 21 having two or more chronic conditions or have one chronic condition and are at risk of developing a second
- Children having a severe mental illness or severe emotional disturbance

### ***Who would benefit from using a Cedar Family Center?***

Families who require intensive care management and coordination services related to Behavioral Health, Social development, and/or Medical intervention.

### ***How do I access Cedar Family Services?***

You do not need a referral to receive services. You can contact a Cedar Family Center at any time. In addition, you may also speak to your current provider about making a referral on your behalf.

### ***Is there a cost involved in going to a Cedar?***

If your child has Medical Assistance coverage (Medical Assistance, RIte Care or RIte Share), there will be no out-of-pocket expense for the services that you and your child receive from Cedar.

### ***What should I expect from Cedar?***

- Cedar staff are experienced professionals who will work closely with you to complete a current needs assessment and develop an action plan with goals you have for your child and family. If it is determined Cedar Services are not required, Cedar staff may assist the family in identifying alternatives.
- Cedar enrollment can be short or long-term. Once you have been linked to the services and supports identified, or you have achieved your goal and have no unmet needs, you can be successfully discharged from Cedar.
- Families are able to return to Cedar Family Centers after completion of services for readmission as needed.
- Cedar Family Center services are available statewide. Families can meet with a Cedar staff in their home, community, or at the Cedar Center.

## **Cedar Family Centers**

<b>About Families Cedar</b> 203 Concord Street, Suite 335 Pawtucket, RI 02860 Tel. (401) 365-6855	<b>RI Parent Information Network Cedar</b> 1210 Pontiac Ave. Cranston, Rhode Island 02920 Tel. (401) 270-0101	<b>Three Cedar Family Center</b> 335 R Prairie Ave., Suite 1A Providence, RI 02905 Tel. (401) 444-7703	<b>Solutions Cedar at Family Service RI</b> 55 Hope Street Providence, RI 02906 Tel. (401) 331-1350
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### Online Resources for parents on ADHD and Sleep/Eating

Here are some good websites and documents for parents of a child with ADHD.

#### General Resources for Parenting:

Website for parents: [www.chadd.org](http://www.chadd.org)

Parent Fact Sheet:

<http://www.chadd.org/Portals/0/Content/CHADD/NRC/Factsheets/parenting2015.pdf>

Website/Magazine for parents: [www.ADDitudemag.com](http://www.ADDitudemag.com)

Parenting section of the website: <https://www.ADDitudemag.com/category/parenting-adhd-kids/>

#### Resources on ADHD & Sleep

Fact Sheet: ADHD, Sleep and Sleep Disorders from the National Resource Center on ADHD. 4 pages

<http://www.chadd.org/Portals/0/Content/CHADD/NRC/Factsheets/sleep.pdf>

Free Download: Sleep Solutions for Kids with ADHD: Help your child fall asleep faster, get a good night's rest, and wake up on time. From ADDitude Magazine. 16 pages

[https://www.additudemag.com/wp-content/uploads/2017/01/10231\\_For-Parents\\_Sleep-solutions-for-kids-with-ADHD.pdf](https://www.additudemag.com/wp-content/uploads/2017/01/10231_For-Parents_Sleep-solutions-for-kids-with-ADHD.pdf)

Sleep Hygiene: Top 10 Healthy Sleep Habits [www.sleepeducation.com](http://www.sleepeducation.com)

#### Resources on ADHD & Eating

Free Download: 9 Foods to Eat (and Avoid) for Improved ADHD Symptoms: From ADDitude Magazine. 16 pages

<https://www.additudemag.com/download/adhd-foods-to-improve-symptoms/>

For tips on healthy eating: <https://choosemyplate.gov> and <https://teamnutrition.usda.gov>





**National  
Resource  
Center  
on ADHD**  
A Program of CHADD

*Growing evidence has shown sleep disorders are more common in individuals with ADHD. However, whether people with ADHD have more difficulties settling down at bedtime that are not related to outside factors, co-existing conditions or sleep disorders remains a question.*



CHILDREN AND ADULTS WITH  
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

## ADHD, Sleep and Sleep Disorders

Although sleep problems can affect anyone in the general population, people with ADHD are more likely to have sleep disorders. How ADHD and sleep are related can be complex. Sleep problems can be a symptom of ADHD, may be made worse by ADHD or may make the symptoms of ADHD worse. Not all people with ADHD suffer from sleep problems, but because such difficulties can cause distress in people with ADHD and their families, it is important to understand the nature of these problems and how they relate to ADHD.

Despite much research, how sleep, ADHD, medication and other disorders are related remains uncertain. Scientists are working to develop a clearer idea how the different regions of the brain interact and overlap for attention, sleep and functioning.



### Children with ADHD and sleep problems

One-quarter to one-half of parents of children with ADHD report that their children suffer from a sleep problem, especially difficulties with falling asleep and staying asleep. Based on parent reports, kids with ADHD are two to three times

more likely to have sleep problems when compared to kids without.

Inadequate sleep in children can negatively affect the way kids think, function and behave. In addition, children who have problems sleeping may show symptoms, behaviors or impairments that are remarkably similar to those of ADHD. Sleeping problems have been shown to induce hyperactivity, impulsivity or behavioral problems in children. The hyperactivity may be paradoxically a response to daytime sleepiness. In studies, parents have reported ADHD-like symptoms in typically developing children when the kids don't sleep long enough. To make diagnosing more difficult, the use of psychostimulant medications to treat ADHD can cause sleep problems in some patients but can improve sleep in others.

### Causes of sleep problems in individuals with ADHD

Growing evidence has shown sleep disorders are more common in individuals with ADHD. However, whether people with ADHD have more difficulties settling down at bedtime that are not related to outside factors, co-existing conditions or sleep disorders remains a question. In other words, does ADHD itself lead to difficulty sleeping or are people with ADHD more susceptible to external environmental aspects that affect normal sleep patterns?





Here are some specific causes of sleep problems that can impede sleep in children or adults with ADHD.

- **Bedtime resistance:** Children with ADHD may have a great deal of difficulty settling down in the evening. Interruptions during bedtime routines can be more challenging when the child has ADHD, and parents often describe increased bedtime resistance and struggles.
- **Stimulants:** The caffeine found in coffee, tea, chocolate and many carbonated beverages have long been known to increase problems with sleep. Also, the stimulant medications used to treat ADHD can contribute to sleep disorders in people with ADHD.
- **Co-existing conditions:** In addition to primary sleep disorders, sleep problems in people with ADHD can also be the result of common co-existing conditions. Anxiety and depression disorders can lead to difficulties with sleeping and are two conditions often found to exist with ADHD. Drug and alcohol abuse problems also have a negative impact on a person's ability to sleep properly.



### Common sleep disorders among people with ADHD

Since sleep disorders can be related to ADHD or may result in ADHD-like symptoms, screening for sleep problems and disorders is recommended during initial assessment and ongoing management of patients with ADHD. The most common sleep problems that children with ADHD have are unwillingness to go bed, difficulties waking up in the morning, trouble falling asleep at night, breathing issues during sleep, night waking and daytime sleepiness.

Other sleep problems reportedly associated with ADHD in children and adults include trouble falling asleep, trouble staying asleep, waking up in the middle of the night, sleep walking, snoring, breathing difficulties, restless sleep, nightmares, daytime sleepiness, delayed sleep phase, short sleep time and anxiety around bedtime.

The following are some of the most common sleep disorders in children and adults with ADHD:

- **Restless Legs Syndrome (RLS) and Periodic Limb Movement Disorder (PLMD):** RLS is a neurological disorder characterized by an irresistible urge to move the legs to relieve uncomfortable sensations while the person is at rest. PLMS is a characterized by periodic limb movement during the sleep. The frequency of RLS in the general

population is around 2 percent. In individuals with ADHD, RLS is one of the most frequent sleep disorders. Up to 44 percent of people with ADHD may have RLS symptoms, and up to 26 percent of people suffering RLS may have ADHD or symptoms of ADHD. Daytime symptoms of RLS can mimic ADHD symptoms, such as restlessness and inattention. [For more information, see the National Institute of Neurological Disorders and Stroke (NINDS) fact sheet on RLS ([http://www.ninds.nih.gov/disorders/restless\\_legs/detail\\_restless\\_legs.htm](http://www.ninds.nih.gov/disorders/restless_legs/detail_restless_legs.htm)) or the Restless Legs Foundation at [www.rls.org](http://www.rls.org).]

- **Sleep Disordered Breathing (SDB):** The term sleep-disordered breathing (SDB) describes a spectrum of conditions ranging from obstructive sleep apnea (OSA) to primary snoring. SDB has been consistently associated with neurobehavioral and neurocognitive deficits, including inattentive or ADHD-like symptoms.

The frequency of SDB in children with ADHD is approximately 25–30 percent compared with 3 percent in the general population. In addition, obesity has been associated with ADHD in up to 40 percent of individuals, and obesity is associated with higher frequency of SDB. Together, these data suggest a complex interplay between ADHD, obesity and sleep problems. It is not clear if difficulties arising from SDB make existing ADHD symptoms worse in general, or only in a subset of people with ADHD.

- **Circadian-rhythm sleep disorders** The human body undergoes physical, mental and behavioral changes throughout a 24-hour cycle, responding to light and darkness throughout the day. The patterns of these changes are known as circadian rhythms. The main feature of circadian-rhythm sleep disorders is the mismatch of sleep pattern timing with the day-night earth cycle leading to disrupted sleep and impaired functioning.

One of the most common problems in this category is a delayed sleep-phase disorder, where sleeping and waking occur later than normal. This disorder may show up as difficulty getting to sleep, staying up too late and difficulty waking.



Such sleep problems are common during adolescence in general, resulting in decreased total sleep time and daytime sleepiness. However, there is evidence to suggest that those problems are more common in individuals with ADHD.

## Diagnosis

Screening for possible sleep problems should be part of the evaluation of every person with behavioral and/or academic problems, especially ADHD. Identifying any sleep problems before prescribing medication will help the clinician to decide the best treatment and monitor the side effects more efficiently.

If a sleep problem is suspected, the evaluating clinician should take a thorough sleep history. The history should include questions about the usual bedtime, time required to fall asleep, night awakenings, snoring, difficulty waking up, naps and daytime drowsiness. Patients may be asked to fill out a sleep diary that records daily sleep behaviors for a number of weeks.

When clinicians diagnose ADHD, they must rule out other conditions as the source of the symptoms as well as determine whether there are any other psychiatric or neurological disorders present. Often, the same symptoms overlap in different disorders. The problem for the clinician is to discern whether a symptom belongs to ADHD, to a different disorder or to both disorders at the same time. For some individuals, the overlapping of symptoms can indicate the presence of multiple disorders. In addition, some conditions that can co-occur with ADHD may be affected by or associated with sleep problems. The clinician will use interviews and questionnaires as part of the diagnostic process to obtain information from the patient, the patient's family, and his or her teachers to screen for these other disorders.

If a sleep disorder is suspected, the clinician can recommend further evaluation. Full assessment of sleep may be done using a combination of measurements, some using devices to monitor waking and sleeping patterns and others relying on reporting (parent or self-rated questionnaires or diaries).

One of the most common assessments is the use of a sleep study or polysomnography, which is usually conducted in a sleep laboratory. Machines monitor brain waves; cardiac, muscle and eye activity; breathing patterns and the oxygen level in the blood. Sometimes these sessions use audiovisual recording as well. Although this type of sleep study is considered the best objective measurement of sleep, it has many limitations. The fact that the study occurs in a laboratory and unfamiliar environment with the person hooked up to machines can affect the traditional and natural sleep patterns, especially in children.

Nevertheless, sleep studies show that children with ADHD tend to move their limbs more, sleep less, are more likely to experience symptoms of sleep apnea, take longer to fall asleep, experience shorter true sleep time and have more

frequent daytime sleepiness than children who do not have ADHD.

Sleep questionnaires provide a wider view of the problem over time. However, they rely on the interpretations of the parents and other caregivers to provide information.

Depending on the severity of the sleep problems, the clinician will decide which assessment measurements to use.

## Management of sleep problems in individuals with ADHD

As part of a multimodal treatment plan for patients with ADHD, special attention needs to be given to interventions that focus on improving sleep and bedtime behavior. The National Sleep Foundation (NSF) offers tips to help adults and children sleep better. The following suggestions may help to accomplish a smoother transition from wakefulness to restful sleep.

- **Practice good sleep habits.** Maintain a regular bed and wake schedule, even on weekends; avoid caffeine after late afternoon; avoid nicotine and alcohol close to bedtime; use the bed for sleeping only and avoid having children watch television or videos before bedtime.
- **Set up a realistic time for bed, and stick to that schedule.** Behavioral techniques may be necessary to help children with ADHD stay in bed. Children with ADHD do better with structure and knowing what to expect ahead of time.
- **Pay attention to the room environment.** Keep the bedroom dark, quiet, cool and comfortable for the best sleep. Using a fan or humidifier to create white noise can help. Minimize potential interruptions, such as outside noise; keeping televisions, computers, videogames and other electronic equipment out of the bedroom helps create a sleep-friendly environment. The light emitted from electronics can delay the release of the sleep-inducing hormone melatonin. In addition, these devices can overstimulate the brain, making it harder to go to sleep.
- **Get plenty of exercise during the day.** Exercise helps dissipate hyperactivity and feelings of restlessness in those with ADHD. However, exercising close to bedtime can make it more difficult to fall asleep, so exercise should be completed at least three hours before bedtime.
- **Monitor eating times.** Eating heavily too close to bedtime can inhibit a good night's sleep. However, because some children with ADHD don't get enough calories throughout the day to maintain proper nutrition, a small snack close to bedtime can ease bedtime hunger pains and help maintain a healthy weight.
- **Establish a routine.** People benefit from a relaxing routine at the end of the day. This helps ease the transition from the activities of the day to the calm

- **Consult your doctor if necessary.** Using prescribed or over-the-counter medications to improve sleep is a decision that needs to be made with a physician. Type of medication, duration and side effect are some of the considerations that need to be taken into account before starting any medication for sleep problems. Medications can affect people differently. Discuss any medication taken with a physician to determine if there are any side effects that could affect the quantity or quality of sleep.

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Hyperactivity Disorder (CHADD)

For further information please contact:  
National Resource Center on ADHD  
CHADD  
4601 Presidents Drive, Suite 300  
Lanham, MD 20706

[www.help4adhd.org](http://www.help4adhd.org)

Please also visit CHADD at [www.chadd.org](http://www.chadd.org).

## Top 10 Healthy Sleep Habits for Children & Teens

From the American Academy of Sleep Medicine

Sleep is an important part of a healthy lifestyle. It helps you feel, think and perform your best. So it is critical for you to get a good night of sleep every night. These Top 10 healthy sleep habits will help you fall asleep faster and sleep well.

1. Only use your bed for sleeping.
2. Avoid drinking caffeine in the afternoon and at night.
3. Avoid taking naps in the late afternoon or in the evening.
4. Avoid large meals right before bedtime.
5. Dim household lights at night and let in plenty of sunlight in the morning.
6. Create a healthy sleep environment in your bedroom with:
  - ☾ Dim lighting
  - ☾ A comfortable temperature
  - ☾ Soothing sounds
  - ☾ No TV or computer
7. Turn off all of these items at least 30 minutes before your bedtime:
  - ☾ Computer
  - ☾ TV
  - ☾ Movies and videos
  - ☾ Video games
  - ☾ Cell phone
8. Develop a bedtime routine that helps you relax by:
  - ☾ Eating a healthy snack or light dessert
  - ☾ Brushing your teeth
  - ☾ Taking a warm bath or shower
  - ☾ Reading
  - ☾ Listening to relaxing music
9. Go to bed at or near the same time every night, even on weekends.
10. Discuss any ongoing sleep problems with your parent or doctor.



## Sleep Disorders Screeners and Questionnaires:

### Options for Pediatricians

- **Infants & Toddlers**
  - **CHADIS 0-3: Sleep:** Questions assessing sleep among infants and toddlers. Questionnaire derived from the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC: 0-3R; Zero to Three, 2005). Assesses both DC: 0-3R criteria for sleep disorders and general information regarding daily sleep habits. Available on CHADIS.
- **Preschool & School Age**
  - **Child Sleep Habits Questionnaire (CSHQ):** A 33-item questionnaire for parents to complete. The questionnaire is divided into 5 areas, Bedtime, Sleep Behavior, Waking During the Night, Morning Waking, and Daytime Sleepiness. It yields a total score that can be compared to a clinical cutoff score. It can also be used to assess sleep pre- and post-intervention. The CSHQ is available in paper only but can be added to CHADIS if the practice wishes to do so. Copy of the questionnaire provided.
  - **BEARS Sleep Screening Tool (School Age):** A structured interview for pediatricians/clinicians to use to assess sleep problems. Copy of the paper guide provided.
- **Adolescents**
  - **BEARS Sleep Screening Tool (Adolescent / Self report):** A nine item screen for sleep related illnesses in adolescents. Available on CHADIS.

## Child's Sleep Habits (Preschool and School-Aged)

Coding

The following statements are about your child's sleep habits and possible difficulties with sleep. Think about the past week in your child's life when answering the questions. If last week was unusual for a specific reason (such as your child had an ear infection and did not sleep well or the TV set was broken), choose the most recent typical week. Answer **USUALLY** if something occurs **5 or more times** in a week; answer **SOMETIMES** if it occurs **2-4 times** in a week; answer **RARELY** if something occurs **never or 1 time** during a week. Also, please indicate whether or not the sleep habit is a problem by circling "Yes," "No," or "Not applicable (N/A)."

### Bedtime

Write in child's bedtime: \_\_\_\_\_

	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
Child goes to bed at the same time at night (R) (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child falls asleep within 20 minutes after going to bed (R) (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child falls asleep alone in own bed (R) (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child falls asleep in parent's or sibling's bed (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child falls asleep with rocking or rhythmic movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child needs special object to fall asleep (doll, special blanket, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child needs parent in the room to fall asleep (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child is ready to go to bed at bedtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child resists going to bed at bedtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child struggles at bedtime (cries, refuses to stay in bed, etc.) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child is afraid of sleeping in the dark (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child is afraid of sleep alone (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A

### Sleep Behavior

Child's usual amount of sleep each day: \_\_\_\_\_ hours and \_\_\_\_\_ minutes  
(combining nighttime sleep and naps)

	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
Child sleeps too little (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child sleeps too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child sleeps the right amount (R) (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child sleeps about the same amount each day (R) (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child wets the bed at night (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child talks during sleep (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child is restless and moves a lot during sleep (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child sleepwalks during the night (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child moves to someone else's bed during the night (parent, brother, sister, etc.) (16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A

**Sleep Behavior (continued)**

	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
Child reports body pains during sleep. If so, where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child grinds teeth during sleep (your dentist may have told you this) (17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child snores loudly (18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child seems to stop breathing during sleep (19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child snorts and/or gasps during sleep (20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child has trouble sleeping away from home (visiting relatives, vacation) (21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child complains about problems sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child awakens during night screaming, sweating, and inconsolable (22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child awakens alarmed by a frightening dream (23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A

**Waking During the Night**

	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
Child awakes once during the night (24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child awakes more than once during the night (25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child returns to sleep without help after waking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A

Write the number of minutes a night waking usually lasts: \_\_\_\_\_

**Morning Waking**

Write in the time of day child usually wakes in the morning: \_\_\_\_\_

	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
Child wakes up by him/herself (26) (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child wakes up with alarm clock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child wakes up in negative mood (27)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Adults or siblings wake up child (28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child has difficulty getting out of bed in the morning (29)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child takes a long time to become alert in the morning (30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child wakes up very early in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child has a good appetite in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A

**Daytime Sleepiness**

	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
Child naps during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child suddenly falls asleep in the middle of active behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
Child seems tired (31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A

During the past week, your child has appeared very sleepy or fallen asleep during the following (check all that apply):

	1 Not Sleepy	2 Very Sleepy	3 Falls Asleep
Play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV (32)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding in car (33)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Subscale Items**  
**Children's Sleep Habits Questionnaire (CSHQ)**

Numbers in parentheses refer to CSHQ item number

**1. Bedtime Resistance (6 items)**

Goes to bed at same time (1) (R) <sup>A</sup>  
Falls asleep in own bed (3) (R)  
Falls asleep in other's bed (4)  
Needs parent in room to sleep (5)  
Struggles at bedtime (6)  
Afraid of sleeping alone (8)

**2. Sleep Onset Delay (1 item)**

Falls asleep in 20 minutes (2) (R)

**3. Sleep Duration (3 items)**

Sleeps too little (9)  
Sleeps the right amount (10) (R)  
Sleeps same amount each day (11) (R)

**4. Sleep Anxiety (4 items)**

Needs parent in room to sleep (5)  
Afraid of sleeping in the dark (7)  
Afraid of sleeping alone (8)  
Trouble sleeping away (21)

**5. Night Wakings (3 items)**

Moves to other's bed in night (16)  
Awakes once during night (24)  
Awakes more than once (25)

**6. Parasomnias (7 items)**

Wets the bed at night (12)  
Talks during sleep (13)  
Restless and moves a lot (14)  
Sleepwalks (15)  
Grinds teeth during sleep (17)  
Awakens screaming, sweating (22)  
Alarmed by scary dream (23)

**7. Sleep Disordered Breathing (3 items)**

Snores loudly (18)  
Stops breathing (19)  
Snorts and gasps (20)

**8. Daytime Sleepiness (8 items)**

Wakes by himself (26) (R)  
Wakes up in negative mood (27)  
Others wake child (28)  
Hard time getting out of bed (29)  
Takes long time to be alert (30)  
Seems tired (31)  
Watching TV (32)  
Riding in car (33)

**Total Sleep Disturbance Score (33 items)<sup>B</sup>**

**Scoring:**            **Usually = 3**            **Sometimes = 2**            **Never/Rarely = 1**

<sup>A</sup> Note: Some items (R) should be reversed in scoring, so that a higher score reflects more disturbed sleep behavior.

<sup>B</sup> Note: The Total Sleep Disturbance Score: Consists of all 33 subscale items instead of 35 (although items 5 and 8 are on both the Bedtime Resistance and Sleep Anxiety scales, they should be included only once in the total score)

# BEARS Sleep Screening

The “BEARS” instrument is divided into five major sleep domains, providing a comprehensive screen for the major sleep disorders affecting children in the 2 to 18-year old range. Each sleep domain has a set of age-appropriate “trigger questions” for use in the clinical interview.



	Toddler/preschool (2-5 years)	School-aged (6-12 years)	Adolescents (13-18 years)
<b>B</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>E</b> xcessive Daytime Sleepiness	Does your child seem overtired or sleepy a lot during the day? Does (s)he still take a nap?	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>A</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>R</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>S</b> nororing	Does your child snore a lot or have difficulty breathing at night?	Does your child have loud or nightly snoring or difficulty breathing at night? (P)	Does your teenager snore? (P)

## **ADHD: HEALTHY FOODS AND APPETITE**

### **HEALTHY FOODS FEED YOUNG BRAINS AND BODIES!**

**Kids and teens concentrate better when they are not hungry and they eat a variety of healthy foods. Here are some tips:**

- Start the day with a healthy breakfast filled with dairy, whole grains, fruit and proteins. This will help your child feel fuller longer so they stay alert and concentrate better at home and school.
- Drink plenty of water throughout the day to stay alert.
- Avoid sugary processed foods – these lead to distracting cravings and “crashes” in energy. Replace them with fruits, whole grains, and proteins like apples, nutrition or protein bars.
- Talk to your doctor before giving your child any supplements
- For more tips on healthy eating, check out these websites:
  - <https://choosemyplate.gov> and <https://teamnutrition.usda.gov>

### **HEALTHY APPETITE AND MEDICATION:**

**ADHD medication can lower a child’s appetite. Using the tips below, many kids get enough calories and keep a healthy weight while taking ADHD medication:**

- **Boost calories so that every bite counts**
  - Replace snacks with “mini-meals” – instead of a snack like grapes and goldfish crackers, provide a half sandwich and yogurt.
  - Use whole milk even if the rest of the family uses low-fat milk.
  - Add a little extra olive oil or butter to your child’s foods.
- **Have meals before the medication “kicks in” or after it “wears off”**
  - Give your child breakfast before giving the morning dose of medicine
  - Move dinner to a later time
  - Add an extra snack or mini-meal before bedtime
- **Be flexible about meal times**
  - Provide a nutritious mini-meal when they come home from school
  - Your child may not be ready to really eat at typical dinner times with the rest of the family. Plan on something later. Think about “Dinner 1” (child sits and joins family but eats a little) and “Dinner 2” (Child EATS A LOT!).
  - Do not worry too much about eating in the middle of the day.
- **Tell your doctor about your child’s appetite or eating at your appointments.**