

**Interpretive Report**  
**Of the**  
**SLEEP DISORDERS INVENTORY FOR STUDENTS - CHILDREN'S FORM (SDIS-C)**  
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### General Information

The International Sleep Task Force Committee (2004) estimated that 20-to-25% of all children experience sleep problems in childhood. The National Institute of Health (NIH) estimated that as high as 15% of all children may have a significant sleep disorder that is negatively impacting their academics, behaviors, social-emotional development, health, and/or safety (National Institute of Health Research & Grant Website, 2001). Many of these sleep disorders do not disappear without medical or behavioral treatment. The Sleep Disorders Inventory for Students-Children's Form (SDIS-C) was designed to screen this child for four of the major and most frequently occurring sleep disorders that negatively impact children's daytime functioning and success. The SDIS-C did not screen for some sleep disorders that rarely occur. The sleep disorders that were screened here were Obstructive Sleep Apnea Syndrome (OSAS), Periodic Limb Movement Disorder (PLMD), Delayed Sleep Phase Syndrome (DSPS) or Behavioral Insomnia of Childhood (BIC), and Excessive Daytime Sleepiness (EDS). Although EDS is not a sleep disorder, it is an indication that a sleep disorder is causing significant problems with the child's daytime functioning and concentration. It can also be an indication of the beginning phase of Narcolepsy or other serious medical disorders. If any of these sleep disorders exists and can be corrected early, the child's academic performance, behaviors, and daytime functioning often improve significantly.

The SDIS-C also screened for five parasomnias, which usually do not have a negative affect on the child's daytime functioning, but tend to worry parents. These parasomnias were Teeth Grinding (Bruxism), Sleep-Walking, Sleep-Talking, Sleep or Night Terrors, and Bed-Wetting (Nocturnal Enuresis). This screening instrument covers the sleep disorders that are occurring approximately 95% of the time in children from 2-through-10 years of age.

**It is important for you to understand that the SDIS-C is ONLY A SCREENING INSTRUMENT used to identify children who are "At Risk" of having a sleep disorder.**

**THIS IS NOT A MEDICAL DIAGNOSIS OF A SLEEP DISORDER!**

The SDIS-C provides an initial estimation of the child's sleep problems. However, in validation studies, it has demonstrated an 86% accuracy rate in determining which children need to be referred for a more comprehensive sleep evaluation. It has demonstrated a 93% hit rate with sleep specialists' diagnoses of OSAS, PLMD, DSPS, BIC, or the beginning symptoms of Narcolepsy.

**For a more Accurate Medical Diagnosis, this child would still need to be evaluated by a pediatric sleep specialist who could provide a comprehensive sleep evaluation.** Often an overnight sleep study is necessary to make a medical diagnosis of a sleep disorder.

**If the parent or guardian decides to pursue a medical sleep evaluation for their child's sleep problems, neither Marsha Luginbuehl, nor Child Uplift, Inc., who own the rights to the Sleep Disorders Inventory for Students, nor any other organization or professional giving the Sleep Disorders Inventory for Students-Children's Form to parents/ guardians will assume any obligation to pay the medical costs of a medical sleep evaluation, even if it is discovered during a medical sleep study that the child does not have a sleep disorder.**

This is because no screening instrument, including this Sleep Disorders Inventory for Students, is 100% accurate. Sometimes errors occur due to the parent or guardian over- or under-estimating their child's problems, resulting in incorrect predictions. If the parent or guardian decides to pursue a comprehensive medical evaluation, it is suggested that the SDIS-C Inventory, the Graph, and the Interpretive Report be shown to the consulting physician or sleep specialist to provide information and hypotheses about the nature of the child's sleep problems.