

Criteria for Identifying Sleepwalking as Diagnosis for Unusual Sleep-related Behaviors.

1. A childhood history of sleepwalking, sleep terrors or late bed wetting (*after the age of 5*). These should be supported by credible witnesses: parents, bed partners, friends.
2. A family history of any of the above behaviors: father, mother, uncles, aunts, brothers, sisters or their own children.
3. Time of the incident: these occur close to the beginning of the sleep cycle, usually within the first hour of sleep up to the first third of the sleep cycle.
4. Presence of sleep deprivation prior to the incident: presence of short disturbed sleep often due to some unresolved ongoing stressful event.
5. Failure to recall: No memory or poor memory of what happened. Unable to provide any reason for the behavior.
6. Remorse: bewilderment and apology.
7. There may be history of snoring and respiratory events (*pauses in breathing*) during sleep.
8. No attempt to hide or deny behaviors involved. These may include:
 - Aggression: harm to others, self, pets or objects
 - Eating: and or cooking often-unusual foods or combinations.
 - Sexual: behaviors or attempts to engage bed partner, child or self (*masturbation*).
 - Exploring: driving, climbing, running.
 - Protecting: or inappropriate attempts to rescue others.
9. If a sleep study is done: The protocol must include two nights of polysomnography separated by 25 hours of sleep deprivation. Sleep data must be scored for the presence of snoring and respiratory events by pressure transducer. The EEG data must be scored by spectral analysis for frequency of delta activity in the first sleep cycle.