Coding

8-17 yrs

1. Who in your family sets the rules about when you go to bed?
   ☐ Mom ☐ Dad ☐ You ☐ Other: _____

2. Do you think you have trouble sleeping? ☐ Yes ☐ No

3. Do you like to go to sleep? ☐ Yes ☐ No

		Usually (5-7)/ week	Sometimes (2-4)/ week	Rarely (0-1)/ week or never
4.	Do you get to bed at the same time every night on school nights?	☐	☐	☐
5.	Do you fall asleep in the same bed every night?	☐	☐	☐
6.	Do you fall asleep alone?	☐	☐	☐
7.	Do you fall asleep in your parent's, brother's, or sister's bed?	☐	☐	☐
8.	Do you fall asleep in about 20 minutes?	☐	☐	☐
9.	Do you fight with your parents about going to bed?	☐	☐	☐
10.	Is it hard for you to go to bed?	☐	☐	☐
11.	Are you ready for bed at your usual bedtime?	☐	☐	☐
12.	Do you have a special thing (doll, blanket, etc.) you bring to bed?	☐	☐	☐
13.	Are you afraid of the dark?	☐	☐	☐
14.	Are you afraid of sleeping alone?	☐	☐	☐
15.	Do you stay up late when your parents think you are asleep?	☐	☐	☐

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SLEEP SELF REPORT (Child's)

Lutheran Hospital of Indiana

Coding

Sleep Behavior

16.	Do you think you sleep too little?	☐ Yes	☐ No
17.	Do you think you sleep too much?	☐ Yes	☐ No
18.	Do you wake up at night when your parents think you're asleep?	☐ Yes	☐ No
19.	Do you have trouble falling back to sleep if you wake up during the night?	☐ Yes	☐ No
20.	Do you have nightmares?	☐ Yes	☐ No
21.	Does pain wake you up at night? Where is that pain?	☐ Yes	☐ No
22.	Do you sometimes go to someone's bed during the night? If yes, whose?	☐ Yes	☐ No

Daytime Sleepiness

		Usually (5-7)/ week	Sometimes (2-4)/ week	Rarely (0-1)/ week or never
23.	Do you have trouble waking in the morning?	☐	☐	☐
24.	Do you feel sleepy during the day?	☐	☐	☐
25.	Do you take naps during the day?	☐	☐	☐
26.	Do you feel rested after a night's sleep?	☐	☐	☐

Morning Waking

Write in the time of day child usually wakes in the morning:_____

	Usually (5-7)	Sometimes (2-4)	Rarely (0-1)	Problem?
Child wakes up by him/herself	☐	☐	☐	Yes No N/A
Child wakes up with alarm clock	☐	☐	☐	Yes No N/A
Child wakes up in negative mood	☐	☐	☐	Yes No N/A
Adult or siblings wake up child	☐	☐	☐	Yes No N/A
Child has difficulty getting out of bed in the morning	☐	☐	☐	Yes No N/A
Child takes a long time to become alert in the morning	☐	☐	☐	Yes No N/A
Child wakes up very early in the morning	☐	☐	☐	Yes No N/A
Child has a good appetite in the morning	☐	☐	☐	Yes No N/A

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Daytime Sleepiness

	Usually (5-7)	Sometimes (2-4)	Rarely (0-1)	Problem?
Child naps during the day	☐	☐	☐	Yes No N/A
Child suddenly falls asleep in the middle of active behavior	☐	☐	☐	Yes No N/A
Child seems tired	☐	☐	☐	Yes No N/A

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

	Very Sleepy	Falls Asleep
Play alone	☐	☐
Watching TV	☐	☐
Riding in car	☐	☐
Eating meals	☐	☐

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