

PROMIS Sleep Disturbance Initial Assessment - Caregiver

(Please note all PROMIS assessments completed on paper must be entered online.)

Client Name: _____ Date: _____

The questions below ask about the quality of your child's sleep in the past week.

In the past seven days:						Clinician Use	
	Not at all	A little bit	Somewhat	Quite a bit	Very Much	Item answered? (Put a 1 if item was answered)	Item Score
His/her sleep was restless.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		
He/she was satisfied with his/her sleep.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1		
His/her sleep was refreshing.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1		
He/she had difficulty falling asleep.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		

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In the past seven days:						Clinician Use	
	Never	Rarely	Sometimes	Often	Always	Item answered? (Put a 1 if item was answered)	Item Score
He/she had trouble staying asleep.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		
He/she had trouble sleeping.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		
He/she got enough sleep.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1		

In the past seven days:						Clinician Use	
	Very Poor	Poor	Fair	Good	Very Good	Item answered? (Put a 1 if item was answered)	Item Score
His/her sleep quality was...	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1		

In the past seven days, has your child taken any medication that impacted your child's sleep?

- Yes
- No

↳ For those who answered "Yes" to the above:

Was the medication prescribed by a doctor?

- Yes
- No

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Does your child have a physical health condition that is currently impacting your child's sleep?

- Yes
 No

Clinician Use	
Items Answered Total: _____ (Add up the number of items answered)	Item Score Total: _____ (Add up the score for each item)
Final Score: (Item Score Total: _____ x 8) / (Item Answered Total: _____) =	

Scoring Example: If 7 of 8 items were answered and the sum of those 7 responses was 30, the final score would be $30 \times 8/7=34$, after rounding.