

PROMIS Sleep Disturbance Discharge Assessment - Youth

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

Client Name: _____ Date: _____

The questions below ask about the quality of your 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
My sleep was restless.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		
I was satisfied with my sleep.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1		
My sleep was refreshing.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1		
I had difficulty falling asleep.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5		

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

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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
My 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, have you taken any medication that impacted your sleep?

Yes

No

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

If yes, was the medication prescribed by a doctor?

Yes

No

Do you have a physical health condition that is currently impacting your sleep?

Yes

No

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Did you complete the Sleep Hygiene Checklist?

- Yes
- No

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

What new actions did you try?

<input type="checkbox"/> Exercise at least 20-30 minutes each day
<input type="checkbox"/> Avoid exercising in the three hours before bed
<input type="checkbox"/> Avoid naps
<input type="checkbox"/> Go to bed and wake up at the same time each day including weekends
<input type="checkbox"/> Keep my bedroom dark
<input type="checkbox"/> Keep my bedroom cool
<input type="checkbox"/> Keep my bedroom quiet
<input type="checkbox"/> Get sunshine in the morning
<input type="checkbox"/> Charge my devices outside my bedroom
<input type="checkbox"/> Use my devices outside my bedroom
<input type="checkbox"/> Use my bed only for sleeping
<input type="checkbox"/> Stop using devices and watching TV at least one hour before I go to bed
<input type="checkbox"/> Avoid caffeine in the afternoon and evening
<input type="checkbox"/> Do relaxing non-screen activities before bed such as reading, taking a shower/bath, listening to or playing music
<input type="checkbox"/> _____
<input type="checkbox"/> _____

How did it go?

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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.