

Sleep Assessment Form

All sorts of things can trigger sleep disturbance in a child. To help us to help you, we have put together a short questionnaire, at the end of which is a sleep diary which we would like you to complete, and return to us. This will give us some background information so that we can offer you advice, guidance and support tailored to your circumstances. All the information you provide is treated in the strictest confidence and will not be shared, with anyone, without your permission.

About your child



DD/DS age and D.O.B



What type of delivery did you have?



Are there any concerns about your child's health and/or development? If so can you tell us about it?



Is your child taking any medication? If so can you tell us about it?



How would you describe your child's behaviour and temperament?




Is your child toilet trained yet if old enough to be so?





Describe your child's appetite?




Are there any concerns over their feeding/appetite or weight gain? If so can you tell us about it?


 Does your child sleep in their own room?


 Does your child have their own cot/bed?

 Does your child have a comforter, if so what is it?


 What does your child enjoy doing?


About your household


 Who lives in your house, what is their relationship to your child, and what are their ages?

 Does anyone in the household have an illness or disability? If so which member?


About the sleep problem


 In your own words what is the problem?

 When did the problem start?

 How long has it been going on for?


 What do you think triggered the sleep problem?

 Possible causes, any environmental factors?


 Have there been any recent stressors in the family stress, changes or family issues that may have contributed to the situation, for example change of nursery/school, bullying, hospitalisation, illness, parental separation, death of significant person, pregnancy, birth of a sibling or change in job or work patterns? If so can you tell us about it?

 Has there been any history of illness or separation?


Solutions

 How have you tried to solve the sleep problem?

 What has/has not worked?

 Can you tell us if there is anything you would like to try to solve the problem that you haven't tried already?

Sleep Diary

 Please can you complete the sleep assessment form below?

Note Times of	Day sleeps	Last meal	Last drink	Bedtime routine	Time asleep	Night waking	Food or drink	Morning waking
9-10am								
10-11am								
11-12md								
12-1pm								
1-2pm								
2-3pm								
3-4pm								
4-5pm								
5-6pm								
6-7pm								
7-8pm								
8- 9pm								
9-10pm								
10-11pm								
11-12mn								
12-1am								
1-2am								
2-3am								
3-4am								
4-5am								
5-6am								
6-7am								
7-8am								
8-9am								

What do you want to achieve?

USING SMART ER (Specific, Measurable, Achievable, Realistic, Time Limited. Evaluation, Review)

Likewise

The steps we have agreed that you can take to achieve your goal? (We will complete this together)