SLEEP SELF REPORT
(Child's Form)

Coding

R = REVERSE SCORING
HIGHER SCORE INDICATES MORE PROBLEMATIC SLEEP

These questions are about <u>your</u> sleep. The researcher will explain the form and read you the questions in class. Please mark your answer to each question in the box. There are no right or wrong answers. Please ask if you do not understand a question. Thank you!

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

BEDTIME	**(3) Usually (5-7)/ week**	**(2) Sometimes (2-4)/ week**	**(1) Rarely (0-1)/ week or never**
4. Do you go to bed at the same time every night on school nights? **(R)**	☐	☐	☐
5. Do you fall asleep in the same bed every night? **(R)**	☐	☐	☐
6. Do you fall asleep alone? **(R)**	☐	☐	☐
7. Do you fall asleep in parents', brothers', or sisters' bed?	☐	☐	☐
8. Do you fall asleep in about 20 minutes? **(R)**	☐	☐	☐
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? **(R)**	☐	☐	☐
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?	☐	☐	☐
SLEEP BEHAVIOR			
16. Do you think you sleep too little?	☐	☐	☐
17. Do you think you sleep too much?	☐	☐	☐
18. Do you wake up at night when your parents think you're asleep?	☐	☐	☐
19. Do you have trouble falling back to sleep if you wake up during the night?	☐	☐	☐
20. Do you have nightmares?	☐	☐	☐
21. Does pain wake you up at night? Where is that pain?	☐	☐	☐
_____	☐	☐	☐

22. Do you sometimes go to someone's bed during the night? If yes, who? _____

	(3) Usually (5-7)/ week	(2) Sometimes (2-4)/ week	(1) Rarely (0-1)/ week or never
DAYTIME SLEEPINESS	☐	☐	☐
23. Do you have trouble waking up 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? **(R)**	☐	☐	☐