

## LEVEL 2—Sleep Disturbance—Parent/Guardian of Child Age 6-17\*

\*PROMIS—Sleep Disturbance—Short Form<sup>1</sup>

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Male  Female

Date: \_\_\_\_\_

What is your relationship with the child receiving care? \_\_\_\_\_

**Instructions to parent/guardian:** On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* your child receiving care has been bothered by “problems sleeping—that is trouble falling asleep, staying asleep or waking up too early” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by marking (✓ or x) one box per row.

						Clinician Use
Please respond to each item by choosing one option per question.						Item Score
<b>In the past SEVEN (7) DAYS....</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>	
His/her sleep was restless.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
He/she was satisfied with his/her sleep.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
His/her sleep was refreshing.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
He/she had difficulty falling asleep.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
<b>In the past SEVEN (7) DAYS....</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	
He/she had trouble staying asleep.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
He/she had trouble sleeping.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
He/she got enough sleep.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
<b>In the past SEVEN (7) DAYS...</b>	<b>Very Poor</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very good</b>	
His/her sleep quality was...	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
<b>Total/Partial Raw Score:</b>						
<b>Prorated Total Raw Score:</b>						
<b>T-Score:</b>						N/A <sup>1</sup>

<sup>1</sup>This measure has not been validated in children.

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## Instructions to Clinicians

The DSM-5 Level 2—Sleep Disturbance—Parent/Guardian of Child Age 6–17 measure is the 8-item PROMIS Sleep Disturbance Form that assesses the pure domain of sleep disturbance in children and adolescents. The measure is completed by the parent or guardian about the child prior to a visit with the clinician. Each item asks the parent or guardian to rate the severity of his or her child’s sleep disturbance during the past 7 days.

## Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (1=never; 2=rarely; 3=sometimes; 4=often; and 5=always) with a range in score from 8 to 40 with higher scores indicating greater severity of sleep disturbance. The clinician is asked to review the score on each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for “Clinician Use.” The raw scores on the 8 items should be summed to obtain a total raw score.

**Note:** If 75% or more of the questions have been answered, you are asked to prorate the raw score. The formula to prorate the partial raw score to Total Raw Score is:

(Raw sum x number of items on the short form)  
Number of items that were actually answered

If the result is a fraction, round to the nearest whole number. For example, if 7 of 8 items were answered and the sum of those 7 responses was 30, the prorated raw score would be  $30 \times \frac{8}{7} = 34$ , after rounding.

If more than 25% of the total items (in this case more than 3) are missing a response, the scores should not be used. Therefore, the parent or guardian should be encouraged to complete all of the items on the measure.

**Note:** T-scores and associated interpretation of scores are not currently available for this measure because the measure was not validated in children. Information on interpretation is in development.

## Frequency of Use

To track change in the severity of the child’s sleep disturbance over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child’s symptoms and treatment status. For consistency, it is preferred that completion of the measures at follow-up appointments is by the same parent or guardian. Consistently high scores on a particular domain may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.