

LEVEL 2—Sleep Disturbance—Child Age 11–17*

*PROMIS—Sleep Disturbance—Short Form¹

Name: _____

Age: _____

Sex: Male Female

Date: _____

Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by “not being able to fall asleep or stay asleep or by 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 you have 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
In the past SEVEN (7) DAYS....	Not at all	A little bit	Somewhat	Quite a bit	Very much	Item Score
My sleep was restless.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
I was satisfied with my sleep.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
My sleep was refreshing.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
I had difficulty falling asleep.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
In the past SEVEN (7) DAYS....	Never	Rarely	Sometimes	Often	Always	
I had trouble staying asleep.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
I had trouble sleeping.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
I got enough sleep.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
In the past SEVEN (7) DAYS....	Very Poor	Poor	Fair	Good	Very good	
My sleep quality was...	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Total/Partial Raw Score:						
Prorated Total Raw Score:						
T-Score:						N/A

¹This measure has not been validated in children.

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Instructions to Clinicians

The DSM-5 Level 2—Sleep Disturbance—Child Age 11–17 measure is the 8-item PROMIS Sleep Disturbance Short Form that assesses the pure domain of sleep disturbance in children and adolescents. The measure is completed by the child prior to a visit with the clinician. Each item asks the child receiving care to rate the severity of his or her 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:

$$\frac{(\text{Raw sum} \times \text{number of items on the short form})}{\text{Number of items that were actually answered}}$$

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 child receiving care 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. 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.