**CHILD INFORMATION FORM**

Child’s Name:

Date of Birth:

Parents Names:

Please answer the questions honestly, we are committed to supporting you through your child’s sleep problems but in order to do this we need to know about your family. Each sleep programme we write is unique. Your details are kept confidential and details are not passed on to any other person.

1. Who lives in your family home?
2. When did the problem start? Has your child had a sleep problem since birth or did it start after a significant event such as illness or moving house?
3. Have you ever visited the doctor or other professionals to discuss this sleep problem/behaviour prior to contacting us? If yes could you tell us who?
4. What do you perceive as being your child’ sleep problem, e.g. does your child take a long time to settle to sleep/night waking?

5) Is your child unusually sleepy during the day?

1. Does your child have naps during the day? If so how many, for how long and where?

**Your Home**

1) Does your child sleep?

* In own bed/cot/share a bed with someone else?
* In own room/share a room with someone else?

1. Describe your child’s bedroom: Note the following:

• Double bed, single bed?

• Is there TV, video, computer equipment in the room?

• Are there blackout blinds?

• Is it used as a playroom during the day?

• Is their bedroom upstairs?

[[1]](#footnote-1)

1. Is your bathroom upstairs?
2. How often does your child have a bath? (e.g. daily, every other night, three times a week)
3. How does your child respond to bath time? (e.g. excited, stimulated, no problem, fearful)

**The Bedtime Routine**

Could you describe your child’s evening from teatime through to getting into

bed, please include times

e.g. 5pm – dinner time

**Settling**:

1) What do you do to settle your child down to sleep?

E.g. give a bottle/breast? Have a dummy? Fall asleep with you holding or laying with them? Lay on the sofa? Or something else?

1. How long does it take for your child to settle?
2. Does your child express fears about going to sleep? Have you discussed these fears with your child and would you tell us about them?
3. Does your child display any unusual behaviours or movements during sleep? Do they walk in their sleep? Talk in their sleep? Wake suddenly screaming? Grind their teeth? Have frightening dreams? Snore loudly? Wet the bed?
4. How many hours in total do you think your child sleeps a night?

**During the night:**

1. How do you know your child is awake?
2. Who attends to your child?
3. What do you do to resettle your child? E.g. bottle/breast/dummy other?
4. How long does it take for your child to resettle?
5. How many times does this happen?
6. Have any changes been made since your child fell asleep? E.g. Lights turned on/off? Doors opened/closed?

**In the morning:**

1. What time does your child wake up?
2. Is the time your child wakes acceptable to you? If not why not?
3. How does your child seem/feel on wakening?

E.g. grumpy, happy or very tired?

**Parents and Family Life**

1. Do you ever leave your child with a baby-sitter or do they ever stay elsewhere?
2. How does your child sleep then?
3. If you have a partner do you both agree help is needed regarding your child’s sleep problem?

Is there anything else you think we should know about your family or child’s sleep problems?

**The Sleep Disturbance Index**

Child’s name:……………………………………………… Sleep Practitioner Amanda Bland

|  |  |  |  |
| --- | --- | --- | --- |
| **Before Intervention:** (Date:…………………………) | |  |  |
| **Settling** |  | **Night waking** |  |
| Problem takes 30 minutes or |  | Wakes and wants attention: |  |
| more: |  |  |  |
| Less than twice a week | 0 | Less than twice a week | 0 |
| 2 – 4 times | 1 | 2 – 4 times | 1 |
| More than 4 times | 2 | More than 4 times | 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parents out of bed:** |  | **Child in parent’s bed:** |  |
| Less than twice a week | 0 | Less than twice a week | 0 |
| 2 – 4 times | 1 | 2 – 4 times | 1 |
| More than 4 times | 2 | More than 4 times | 2 |
|  |  |  | Total:………………. |
| **After Intervention:** (Date:…………………………) | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Settling** |  | **Night waking** |  |
| Problem takes 30 minutes or |  | Wakes and wants attention: |  |
| more: |  |  |  |
| Less than twice a week | 0 | Less than twice a week | 0 |
| 2 – 4 times | 1 | 2 – 4 times | 1 |
| More than 4 times | 2 | More than 4 times | 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parents out of bed:** |  | **Child in parent’s bed:** |  |
| Less than twice a week | 0 | Less than twice a week | 0 |
| 2 – 4 times | 1 | 2 – 4 times | 1 |
| More than 4 times | 2 | More than 4 times | 2 |

Total:……………….

**Consent Form**

I understand that I am participating in a sleep programme with my child for a study and this will be discussed in a confidential manner

Child’s name:………………………………………………..

Parents/Carer Name (please print)…………………………………………..

Signature:……………………………………………………….

Date:…………………………………………

Sleep Practitioners Name Amanda Bland

**Daytime Naps**

Naps in the daytime are important for younger children.

Remember the following tips:

* Naps can help children sleep better at night if they are age appropriate.
* Try to get your child to nap in their cot or bed.
* Do not try to stop your child napping in the daytime, a sleep-deprived child will be over tired and may take longer to settle at night.
* Log your child’s naps on the sleep diary so that you can work out how long they are napping for each day.
* Space the times out between your child’s naps so that they get the full benefit from them.
* The daytime sleep cycle is 45 minutes so to get the full benefit of a nap your child should be encouraged to sleep for at least one sleep cycle.
* By 12 months one nap a day around midday can be helpful. The average naptime should be around 2 to 2.5 hours.
* By 2 – 3 years one daytime nap for around 60 to 90 minutes around lunchtime will be sufficient.

**Developing A New Routine**

* Decide who will carry out the routine, or will you take turns if you have a partner?
* What time do you want your child in bed for? Decide this first and then plan the routine from here.
* Where will you display the routine in your house? It should be somewhere accessible for all to see e.g. the fridge door.
* Who will need to know about the routine and follow it? E.g. babysitters, grandparents, non-resident parent. If other people put your child to bed it is essential that they follow the same routine.
* What time is it acceptable to start the day? Anything before this agreed time should be treated as a night waking and not the start of the day.
* Does your child find bath time relaxing? If it is a trauma you may wish to bathe them in a morning
* Bath time should be carried out 30 minutes before you want your child to sleep. The fall in body temperature following a bath helps them to fall asleep
* Plan quiet time in the hour before your child goes to bed. Activities may include hand eye coordination activities, such as jigsaws, threading and colouring in.
* Once your child has gone to their room they should not go back to the living room.
* No television, computer games or screen activities should be accessed in the hour before bedtime.
* Avoid giving your child blackcurrant drinks, chocolate, cola or coffee in the evening.
* Keep hugs, kisses and stories the same length each night.

**Instructions for Completing Your Diary**

* Keep the diary by your bed– this way you are more likely to fill it in at the time and get the details accurate.
* It doesn’t matter what day you start the diary on, simply fill in day 1 and move through the week to day 7.
* Please remember to enter your child’s name so we know who the diary belongs to!
* Where it says date, please put the date when you begin the diary.
* If the diary isn’t large enough make additional notes on a separate sheet
* Please be honest when filling in the diary.
* If you don’t understand something, please ask.
* If competing the diary feels too overwhelming at the moment let us know

|  |
| --- |
| WorkingtoensurethatChildrengetagoodnight’ssleep..... |

|  |
| --- |
|  |

**The Sleep Diary**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Childs Name: |  |  | Date Diary Started: |  |  |  |
|  |  |  |  |  |  |  |
| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |

Any naps during the day? Please note time

and duration

Time bedtime routine started

Time the child was in bed

Did you stay or did they self settle?

What time did they go to sleep at?

Times they woke up in the night/how long

were they awake/where did they go back to

sleep? Your bed/their bed etc

Time they woke up in the morning

|  |
| --- |
| WorkingtoensurethatChildrengetagoodnight’ssleep..... |

|  |
| --- |
|  |

**The Sleep Diary**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Childs Name: |  |  | Date Diary Started: |  |  |  |
|  |  |  |  |  |  |  |
| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |

Any naps during the day? Please note time

and duration

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What time did they go to sleep at?

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were they awake/where did they go back to

sleep? Your bed/their bed etc

Time they woke up in the morning

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1. [↑](#footnote-ref-1)