

**Health Professionals checklist for children/young people with sleep difficulties**

<p><b>1.Bedtime</b></p> <ul style="list-style-type: none"> <li>• Sleep Diary(2-3 weeks)</li> <li>• Sleep questionnaire</li> <li>• Is sleep hygiene adequate?</li> <li>• Support in community for sleep?</li> </ul>	<p><b>Difficulties</b></p> <ul style="list-style-type: none"> <li>• Problems going to bed?</li> <li>• Problems falling asleep?</li> <li>• Reluctance to sleep in own bed?</li> <li>• Problems staying in bed?</li> <li>• Problems with establishing regular bedtime routines?</li> </ul>	<p><b>Environmental</b></p> <ul style="list-style-type: none"> <li>• Electronic media e.g. computers, TV, kindles etc in room at bedtime?</li> <li>• Electronic media/TV use up to 2 hours before bedtime?</li> <li>• Reading with bedside lamp/kindle up to 2 hours before bedtime?</li> <li>• Sleeps with bright lights on?</li> <li>• Physical activities up to an hour before bedtime?</li> <li>• Stimulating drinks e.g. energy drinks, caffeine up to an hour before bedtime?</li> <li>• Teenage-Alcohol/substance misuse, smoking/cannabis use, antisocial behaviours?</li> <li>• Child complaining of hunger at bedtime?</li> <li>• Room dark, quiet and not too warm/cold at bedtime?</li> </ul>	<p><b>Medical/Social</b></p> <ul style="list-style-type: none"> <li>• History of mental disorders e.g. depression, anxiety?</li> <li>• Reviewed by CAMHS?</li> <li>• History of neurodevelopment disorders/neurodisability- ADHD, ASD, cerebral palsy, epilepsy, visual impairment?</li> <li>• Learning disability?</li> <li>• Medical e.g. eczema, Pale? Downs syndrome, epilepsy, asthma?</li> <li>• Medication history- melatonin, clonidine, risperidone, methylphenidate, antihistamines etc?</li> <li>• Psychosocial- Child looked after, child protection?</li> <li>• Social worker?</li> <li>• Sleep impact- ( Weiss functional impairment scales) examined?</li> <li>• SDQs if relevant requested?</li> </ul>
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<b>Night time awakenings</b>	<ul style="list-style-type: none"> <li>• Frequency of awakening?</li> <li>• Any factors influencing awakenings e.g. holidays, sleep over at friends, grandparent?</li> <li>• Do parents work shifts? e.g. night shift work leading to anxiety/ disturbed sleep etc?</li> </ul>	<p>Any:</p> <ul style="list-style-type: none"> <li>• Sleep walking?</li> <li>• Nightmares/terrors?</li> <li>• Teeth grinding?</li> <li>• Head banging?</li> <li>• Snoring?</li> <li>• Breathing difficulties at night?</li> <li>• Pain or discomfort in lower limbs at night?</li> </ul>	Impact scales (Weiss functional impairment scales)
<b>2.Day time sleepiness</b>	<ul style="list-style-type: none"> <li>• Child/young person seem tired in the morning/during the day?</li> <li>• Child reluctant to wake up for school in the mornings?</li> <li>• Child sometimes sleeps in class?</li> <li>• Frequent daytime naps before bedtime?</li> </ul>	<ul style="list-style-type: none"> <li>• Poor concentration/focus at school?</li> <li>• Overactive/impulsive behaviours at school?</li> <li>• Challenging behaviours at school?</li> </ul>	<ul style="list-style-type: none"> <li>• Impact scales (Weiss functional impairment scales)</li> <li>• SDQs</li> </ul>
<b>3.Child /Young person</b>	Child/ Young person's perception of their sleep difficulties	<ul style="list-style-type: none"> <li>• Any previous sleep studies?</li> <li>• Referral required for sleep studies e.g. Actigraphy,</li> </ul>	Impact of sleep difficulties (Weiss functional impairment questionnaire- self report), School reports

		Polysomnography ?	
<i>S Ozer- March 2014</i>			<i>Review- March 2016</i>