Sleep at MSK

(adapted from Sleep in a Children's Hospital, Meltzer, et al.)

INSTRUCTIONS

Please answer the questions on the following pages as accurately and honestly as you can, including your child's input as much as possible. There are no right or wrong answers.

- Do not spend too much time on any one answer. Your first impression is usually the best
- Please cross through any item that YOU DO NOT UNDERSTAND or that DOES NOT APPLY TO YOU or for which you CANNOT GIVE A TRUTHFUL ANSWER.
- Be sure to complete BOTH SIDES of each page.
- Please note: you only need to complete page 1 once.

1. Is your child a… ☐ Boy ☐ Girl

2. How old is your child? _____ years

3. Are you the child's

☐ Mother ☐ Father ☐ Other_____

4. How old are you? _____ years

5. What best describes your racial/ethnic background?

☐ White/Caucasian
☐ Black/African-American
☐ Hispanic/Latino
☐ Asian/Asian-American
☐ Native American/Amerindian
☐ Multiracial (please specify) _____
☐ Other (please specify) _____

6. Are you currently employed?

☐ Yes, full-time
☐ Yes, part-time
☐ Yes, at home
☐ No

7. What is the highest level of education you completed?

☐ Some high school
☐ High school/GED
☐ Some college/trade school
☐ College
☐ Graduate school (masters, doctorate)

8. What grade is your child in? _____ grade

9. Is this the first time your child has been admitted to the hospital?

☐ Yes ☐ No

10. <u>In general</u>, when you are at home, do you feel your child gets…

☐ Too much sleep?
☐ Enough sleep?
☐ Too little sleep?

11. <u>In general</u>, when you are at home, do you consider your child to be…

☐ A good sleeper?
☐ A poor sleeper?

12. <u>In general</u>, when you are at home, does your child take medicine to help fall asleep?

☐ Yes ☐ No

If yes, which medication(s):

_____

Please do not write beyond this border Please do not write beyond this border Please do not write beyond this border

Now we'd like to ask you about how your child sleeps while you are here in the hospital. Please think back to LAST NIGHT when you answer these questions.

13. How many nights has your child slept in the hospital this admission? _____ nights

14. Last night, did your child have a roommate (another patient) in your room?

☐ Yes ☐ No

15. Last night, did you stay with your child in his/her room?

☐ Yes ☐ No

16. Last night, did your child sleep with the door to the hospital room open or closed?

☐ Open ☐ Closed ☐ Don't remember

17. What time did your child try to fall asleep last night? (List ONE time, not a range)

_____ ☐ PM ☐ AM

18. Once you turned the light off, about how long did it take your child to fall asleep last night?

_____ minutes

19. Did your child take any medication to help fall asleep last night?

☐ Yes ☐ No

If yes, what medication did your child take?

_____ ☐ I don't know

20. After your child went to sleep last night, how many times did he/she wake up during the night?

_____ times

21. Each time he/she woke up last night, please tell us about how long he/she was awake for:

Waking #1 _____ hours _____ minutes
Waking #2 _____ hours _____ minutes
Waking #3 _____ hours _____ minutes
Waking #4 _____ hours _____ minutes
Waking #5 _____ hours _____ minutes

22. What time did your child wake up today?

_____ ☐ PM ☐ AM

23. Did your child wake up by him/herself, or did someone else wake them up?

☐ Woke up on their own
☐ Someone else woke him/her (parent, nurse, doctor)
☐ Noises woke him/her this morning

24. How sleepy or tired was your child feeling today?

☐ Very sleepy
☐ Somewhat sleepy
☐ Just a little sleepy
☐ Not at all sleepy

25. Did your child nap today? ☐ Yes ☐ No

26. For each nap today, please tell us how long your child was asleep:

Nap #1 _____ hours _____ minutes
Nap #2 _____ hours _____ minutes
Nap #3 _____ hours _____ minutes
Nap #4 _____ hours _____ minutes
Nap #5 _____ hours _____ minutes

27. How much screen time (TV, computer, iPad, electronic games) did your child have YESTERDAY?

☐ <1 hour
☐ 1-2 hours
☐ 2-4 hours
☐ >4 hours

28. Please check all of the things your child uses to help fall asleep both at home and last night in the hospital:

	Home	Hospital
Favorite pillow	☐	☐
His/her own pajamas	☐	☐
Stuffed animal/toy	☐	☐
Special blanket	☐	☐
Sound machine/music	☐	☐
Television	☐	☐
Earplug	☐	☐
Medication	☐	☐

Some children find it hard to sleep in the hospital, while others do not. Please think about LAST NIGHT when answering the following questions about things that may have made it hard for your child to sleep.

Last night, how bothered were you/your child by the following noises…				
People talking outside your room	Not at all	A little	Somewhat	A lot
Your child's roommate making noise (e.g., snoring, moaning)	Not at all	A little	Somewhat	A lot
Doors opening, closing, slamming	Not at all	A little	Somewhat	A lot
Alarms beeping on medical equipment	Not at all	A little	Somewhat	A lot
Machines for patients (e.g., breathing machines, suction)	Not at all	A little	Somewhat	A lot
Doctor or nurse pager/beeper/Vocera	Not at all	A little	Somewhat	A lot
Telephones ringing	Not at all	A little	Somewhat	A lot
Televisions/video games	Not at all	A little	Somewhat	A lot
Toilets flushing	Not at all	A little	Somewhat	A lot
Footsteps	Not at all	A little	Somewhat	A lot
Cleaning equipment (e.g., vacuum, floor cleaners)	Not at all	A little	Somewhat	A lot
Fire alarms or overhead pages	Not at all	A little	Somewhat	A lot
Noises outside hospital (e.g, cars, sirens, helicopters)	Not at all	A little	Somewhat	A lot
Other _____	Not at all	A little	Somewhat	A lot

Last night how bothered do you think your child was by the following…				
Bed was uncomfortable	Not at all	A little	Somewhat	A lot
Thoughts or worries about why your child is in the hospital	Not at all	A little	Somewhat	A lot
Thoughts or worries about missing school	Not at all	A little	Somewhat	A lot
Thoughts or worries about other family members	Not at all	A little	Somewhat	A lot
Other _____	Not at all	A little	Somewhat	A lot

Last night, at <u>bedtime</u> (when your child was trying to fall asleep), was s/he bothered by…			
Pain	Yes	No	Don't know
Noise in the hallway	Yes	No	Don't know
Noise in the room	Yes	No	Don't know
Light in the hallway	Yes	No	Don't know
Light in the room	Yes	No	Don't know
Nurse taking your child's temperature or blood pressure	Yes	No	Don't know
Nurse taking your child's blood	Yes	No	Don't know
Nurse giving your child medications	Yes	No	Don't know
Other _____	Yes	No	Don't know

Last night, <u>in the middle of the night</u>, was your child bothered by…			
Pain	Yes	No	Don't know
Noise in the hallway	Yes	No	Don't know
Noise in the room	Yes	No	Don't know
Light in the hallway	Yes	No	Don't know
Light in the room	Yes	No	Don't know
Nurse taking your child's temperature or blood pressure	Yes	No	Don't know
Nurse taking your child's blood	Yes	No	Don't know
Nurse giving your child medications	Yes	No	Don't know
Other _____	Yes	No	Don't know

Did any of the following wake your child up <u>this morning/today</u>…			
Pain	Yes	No	Don't know
Noise in the hallway	Yes	No	Don't know
Noise in the room	Yes	No	Don't know
Light in the hallway	Yes	No	Don't know
Light in the room	Yes	No	Don't know
Nurse taking your child's temperature or blood pressure	Yes	No	Don't know
Nurse taking your child's blood	Yes	No	Don't know
Nurse giving your child medications	Yes	No	Don't know
Other _____	Yes	No	Don't know