Supporting Information for “An Individualized and Comprehensive Approach to Treating Sleep Problems in Young Children,” by C. Sandy Jin, Gregory P. Hanley, and Lauren Beaulieu

Relevant Sections of the Sleep Assessment and Treatment Tool

Step 1: Basic Information
Date of Interview:____________________
Child’s name:___________________Child’s Age (yr/mo):_______ Circle one: Male / Female
Home Phone:_________________________
Address:______________________________________________________________________
Child Medical or Educational Diagnoses:____________________________________________
Does your child engage in severe problem behavior like aggression towards adults or self-injury? (Y / N)
If yes, please describe:___________________________________________________________
Name(s) of caregiver(s) who puts child to bed:________________________________________

Step 2: Sleep Problem and History
Please provide a description of your child’s sleep problem(s):____________________________
How long have these problems occurred?____________________________________________

Step 3: Sleep Goals
Describe your goals regarding your child’s sleep:
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

Step 4: Labeling Specific Sleep Problems
Does your child have difficulty going into the bedroom at night when instructed to do so or brought in to go to sleep? Y / N
If yes, his behavior pattern is referred to as nighttime routine noncompliance
Please provide some details:
If yes, what do you usually do to help your child to go to bed?________________________
If yes, what usually works to get your child to go to bed?______________________________

Once in bed, does your child have difficulty staying in bed or remaining still in bed when instructed to do so? Does your child repeatedly call out or engage in other behavior that requires you to return to his/her bedroom? Y / N
If yes, his behavior pattern is referred to as interfering behavior (circle type: leaving bed / call outs / playing in bed / other)
Please provide some details:
If yes, what do you do to help your child to stay in bed?______________________________
If yes, what usually works to get your child to stay in bed?_____________________________
If yes, what usually works to get your child to stop the “call outs?”______________________

Once in bed, does your child have difficulty falling asleep (i.e., it typically takes more than 15 min for her to fall asleep? Y / N
If yes, his behavior pattern is referred to as delayed sleep onset
Please provide some details:
If yes, what do you do to help your child fall asleep?________________________________
If yes, what usually works to get your child to fall asleep?_____________________________
Once asleep, does your child wake in the middle of the night? Y / N
If yes, how many times per night on average?______
If yes, his behavior pattern is referred to as **night awakenings**
Please provide some details:_______________________________________________________
If yes, what do you do to help your child fall back asleep?___________________________
If yes, what usually works to get your child to fall back asleep?_________________________

Does your child routinely wake too early in the morning? Y / N
If yes, his behavior pattern is referred to as **early awakenings**
If yes, how many times per week on average?_______
If yes, what is the typical early time that your child awakes?___________________________
If yes, do you try to help your child go back to bed? Y / N
If yes, what do you do to help him/her go back to bed?________________________________
If you do not try to help him/her back to sleep, in what activities does your child engage at those early hours?____________________________________________________________________

**Step 5: Sleep Schedule**

**Now**
At what time does your child typically go to bed?_________
At what time does your child typically fall asleep?_________
At what time does your child wake in the morning?__________
How many hours does your child sleep at night?___________
How many hours does your child sleep during the day?__________
At what time does your child typically go down for a nap?__________
At what time does your child typically wake from a nap?_________

**End of Rx**
I would like for my child to go to bed at: ___________ pm
I would like for my child to fall asleep by: ___________ pm
I would like for my child to wake at: ___________ am
How many hours should he sleep at night?___________
How many hours should he sleep during the day?___________
I would like for my child to nap at: ___________
I would like for my child to wake from his nap at: ___________

**Step 6: Pre-sleep Routines**

**Now**
Describe what takes place during the ½ hour prior to the child going to bed for sleep:

Do the pre-sleep activities typically vary each night or are they relatively routine?
Describe:______________________________
Describe what takes place between the time when the child is in bed initially and when you leave the room:

**With Rx**
Describe what will take place during the ½ hour prior to the child going to bed for sleep:

Describe what may vary and what will be fairly routine:______________________________
Describe what you will do in the time between placing your child in bed and leaving the room:
Step 7: Sleep Dependencies

Now

Does your child go to bed with:

...a TV on? Y / N (Circle one)
If yes, is it off prior to waking or does it stay on continuously? ___________________________

...a radio on? Y / N (Circle one)
If yes, is it off prior to waking or does it stay on continuously? ___________________________

... a pacifier? Y / N (Circle one)

...the lights on? Y / N (Circle one)

...a bottle? Y / N (Circle one)

... a “full belly” Y / N (i.e., does he/she have a large snack within a ½ hour of going to bed)

... a stuffed animal, blanket, or other preferred object? Y / N (Circle one)
If yes to any above, please provide some details here: ______________________________________

Is there anything else that your child’s sleep seems to be dependent upon? Y / N (Circle one)
If yes, please describe: ___________________________________________________________

Do you lay in bed with your child to help her fall asleep? Y / N (Circle one)
If yes, describe what you do to help him/her fall asleep: ________________________________

With Rx

My child will only go to bed with: ____________________________________________________
I will fade my presence in my child’s bed (or I will fade the presence of my child in my bed) by:

______________________________

Step 8: Interfering Behavior

Now

List the interfering behaviors and their possible reinforcers:

Interfering behaviors: _________________________________________________________________
Possible reinforcers: _______________________________________________________________

With Rx

How will you provide the reinforcers before it is time for your child to fall asleep?
What barriers or limits can put in place to restrict access to the reinforcers after you bid the child goodnight?

Circle the strategies below that you will use to withhold and/or provide the reinforcers in alternative ways:
Extinction / Progressive Waiting / Time-Based Visiting / Time-Based Exiting / Quiet-Based Visiting / Quality Fading / Bedtime Pass / Parent Fading / Combination of _______ and _________
Describe how you will carry out this strategy here ______________________________________