

Sleep Self-report

When you are at home, who tells you it's time for you to go to bed?

Your mum ____ Your dad ____ You decide it yourself ____ Another person ____

Do you think you have sleeping problems? ____ Yes, I do. ____ No, I don't.

Do you like getting to sleep? ____ Yes, I do. ____ No, I don't.

	Usually (5-7 days a week)	Sometimes (2-4 days a week)	Hardly Ever (never or once a week)
1. Do you sleep in the same bed every night?			
2. Do you sleep alone?			
3. Do you fall asleep on your parents' your brothers' or sisters' bed?			
4. Do you fall asleep holding something special like a doll, teddy, small blanket etc?			
5. Are you afraid of the dark?			
6. Are you afraid of falling asleep when you are alone?			
7. Do you suffer from nightmares?			
8. Do you get into somebody else's bed during the night?			
9. Do you have the feeling you don't get enough sleep?			
10. Are you awake at night when your parents think you are asleep?			
11. Do you find it difficult to get back to sleep if you wake up during the night?			
12. Do you wake up during the night because you feel any kind of pain?			
13. Do you feel sleepy during the day?			
14. Do you argue with your parents when it's time for you to go to bed?			
15. Is it hard for you to go to bed?			
16. Do you get up during the night when your parents think you are asleep?			

Notice: Usually (2), Sometimes (1), Hardly ever (0)

Subscale Routines to go to bed: 1*, 2*, 3.

Subscale Anxiety related to sleep: 4, 5, 6, 7, 8.

Subscale Quality of Sleep: 9, 10, 11, 12, 13.

Subscale Reject to Sleep: 14, 15, 16.

*Inverse Item