

# Evaluating your autistic child's response to insomnia treatment

You might find completing these questions helpful when trying to assess, and discuss, your child's response to a treatment, or an intervention, for their sleep problem(s). You will notice that some of the questions relate to your child's sleep whilst others describe their mood and behaviour during the day.

Measures of improvement in your child's sleep quality	
<b>Over the last two weeks:</b>	
The time taken for my child to fall asleep after lights out (sleep latency) was less than 30 minutes <sup>1</sup>	Y / N
The maximum uninterrupted sleep time (longest time my child stayed asleep at night without waking up) was more than 6 hours <sup>1</sup>	Y / N
The total sleep time my child slept for was within the recommended range for my child's age <sup>2</sup> (see table 1)	Y / N
Measures of improvement in your child's next day behaviour and functioning	
<b>Over the last two weeks:</b>	
My child has been less tired and less sleepy during the day	Y/N/No change
My child has been less irritable	Y/N/No change
My child's attention has improved	Y/N/No change
My child has been less hyperactive/ restless	Y/N/No change
My child has been less socially withdrawn	Y/N/No change
My child has been less anxious	Y/N/No change
My child has demonstrated less aggressive behaviour to self or others	Y/N/No change
My child has demonstrated less stereotypical behaviour	Y/N/No change
My child has been happier/ less depressed	Y/N/No change

We know that sleep disorders in autistic children can negatively affect not only their parents'/ caregivers' sleep but also their quality of life. When trying to determine if a treatment, or an intervention, for your child's sleep problem(s) has been effective it might be helpful to complete these questions.

Measures of improvements in parental satisfaction and well-being	
<b>Over the last two weeks:</b>	
I have been satisfied with my child's sleep	Y/N/No change
I have been satisfied with my sleep	Y/N/No change
I have felt cheerful and in good spirits <sup>3</sup>	Y/N/No change
I have felt calm and relaxed <sup>3</sup>	Y/N/No change
I have felt active and vigorous <sup>3</sup>	Y/N/No change
I have woken up feeling fresh and rested <sup>3</sup>	Y/N/No change
My daily life has been filled with things that interest me <sup>3</sup>	Y/N/No change
Parent or caregiver comments	

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**Table 1.** National Sleep Foundation Recommended Sleep Duration by Age

