Supplementary material BMJ Paediatrics Open







## Sheffield Children and Young People Sleeping Well Research Project

Study I	D: Completed by: Parent/Carer							
Baselin	e Evaluation Intermediate Evaluation	Follow-up Evaluation						
Impact on Wellbeing and Quality of Life Adult Participant								
In this project, the term 'your child' refers to the child in your care for which you have a concern about their sleep.								
Parent / Carer 1:								
1.1	The number of days missed from work in the past two weeks due to the sleep difficulties							
1.2	Have you visited a Healthcare Professional in the past two weeks (e.g. Health Visitors / GP / A&E)	Yes No						
1.3	If yes, which healthcare professionals and how many visits in the past two weeks							
1.4	Have you had any periods of ill health in the past two weeks? Please explain:							
1.5	Are you currently using any medications: Name/type and level of medication							
1.6	Have you made any changes to your work patterns (e.g. different shifts / reduced hours / change of job ) because of the sleep difficulties in the past two weeks?							
1.7	Have you contacted any non-health care professionals in the past two weeks (e.g. Teacher, MAST workers, support workers, Supervising Social Workers) about any issues related to your child's sleep difficulty	Yes No						
1.8	If yes, which non-healthcare professional and the number of contacts in the past two weeks							

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On a Scale of 1-5: 1 being 'None of the Time' and 5 being 'All of the Time' Over the past two weeks how do you feel your child's sleep disturbance has impacted on your quality of life?

	Statement	None of the time	Rarely	Some of the time	Often	All of the time
1.9	It makes me feel isolated	1	2	3	4	5
1.10	It makes me feel stressed	1	2	3	4	5
1.11	It is impacting on my relationship with my child (with the sleep disturbance)	1	2	3	4	5
1.12	It is impacting on my relationship with other family members	1	2	3	4	5
1.13	It is impacting on my relationship with my spouse/partner	1	2	3	4	5
1.14	It is impacting on my ability to drive, or drive safely with due care and attention	1	2	3	4	5
1.15	It is impacting on the number of general trips, bumps and accidents (not driving)	1	2	3	4	5

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