

Pediatric Sleep Disturbances – SF8

Please respond to each question or statement by marking one box per row.

In the past 7 days...	Never	Almost never	Sometimes	Almost always	Always
I had difficulty falling asleep					
I slept through the night					
I had a problem with my sleep					
I had trouble sleeping					
It took me a long time to fall asleep					
I worried about not being able to fall asleep					
I woke up at night and had trouble falling back to sleep					
I tossed and turned at night					