The APA is offering a number of "emerging measures" for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments' usefulness in characterizing patient status and improving patient care at http://www.dsm5.org/Pages/Feedback-Form.aspx.

Measure: LEVEL 2—Sleep Disturbance—Child Age 11–17
(PROMIS—Sleep Disturbance—Short Form)
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LEVEL 2—Sleep Disturbance—Child Age 11–17[*]

[*]PROMIS—Sleep Disturbance—Short Form[1]

Name: _____   Age: ____   Sex: ❑ Male ❑ Female   Date:_____

Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by "not being able to fall asleep or stay asleep or by waking up too early" at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms **during the past 7 days. Please respond to each item by marking (✓ or x) one box per row.**

						Clinician Use
In the past SEVEN (7) DAYS….	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**	**Item Score**
My sleep was restless.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
I was satisfied with my sleep.	❑ 5	❑ 4	❑ 3	❑ 2	❑ 1	
My sleep was refreshing.	❑ 5	❑ 4	❑ 3	❑ 2	❑ 1	
I had difficulty falling asleep.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
In the past SEVEN (7) DAYS….	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**	
I had trouble staying asleep.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
I had trouble sleeping.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	
I got enough sleep.	❑ 5	❑ 4	❑ 3	❑ 2	❑ 1	
In the past SEVEN (7) DAYS….	**Very Poor**	**Poor**	**Fair**	**Good**	**Very good**	
My sleep quality was...	❑ 5	❑ 4	❑ 3	❑ 2	❑ 1	
					Total/Partial Raw Score:	
					Prorated Total Raw Score:	
					T-Score:	N/A

Instructions to Clinicians
The DSM-5 Level 2—Sleep Disturbance—Child Age 11–17 measure is the 8-item PROMIS Sleep Disturbance Short Form that assesses the pure domain of sleep disturbance in children and adolescents. The measure is completed by the child prior to a visit with the clinician. Each item asks the child receiving care to rate the severity of his or her sleep disturbance **during the past 7 days**.

Scoring and Interpretation
Each item on the measure is rated on a 5-point scale (1=never; 2=rarely; 3=sometimes; 4=often; and 5=always) with a range in score from 8 to 40 with higher scores indicating greater severity of sleep disturbance. The clinician is asked to review the score on each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use." The raw scores on the 8 items should be summed to obtain a total raw score.

Note: If 75% or more of the questions have been answered; you are asked to prorate the raw score. The formula to prorate the partial raw score to Total Raw Score is:

(Raw sum x number of items on the short form)
Number of items that were actually answered

If the result is a fraction, round to the nearest whole number. For example, if 7 of 8 items were answered and the sum of those 7 responses was 30, the prorated raw score would be 30 X 8/7 = 34, after rounding.

If more than 25% of the total items (in this case more than 3) are missing a response, the scores should not be used. Therefore, the child receiving care should be encouraged to complete all of the items on the measure.

Note: T-scores and associated interpretation of scores are not currently available for this measure because the measure was not validated in children. Information on interpretation is in development.

Frequency of Use
To track change in the severity of the child's sleep disturbance over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child's symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.