

# Pediatric Sleep Environment Assessment Tool (P-SEA)

For Children 1-to-5 Years



Your child's sleep greatly is affected by their sleep environment. Filling out this questionnaire can help your primary care provider identify things in your home that may be affecting your child's sleep. It can also help you learn about common sleep environment issues. Based on your answers, you will be given recommendations on changes you may want to make in the home to improve your child's sleep environment. Think about the past **4-weeks** when answering these questions. If one week was unusual for any reason, such as your child had a cold, or the TV was broken, think about a more typical month when responding.

**Childs Age:** \_\_\_\_\_ (years) \_\_\_\_\_ (months)

**Gender:** Male or Female (circle one)

**What is your child's bedtime on weekdays?** \_\_\_\_\_ **What time does your child wake-up on weekdays?** \_\_\_\_\_

**What is your child's bedtime on weekends?** \_\_\_\_\_ **What time does your child wake-up on weekends?** \_\_\_\_\_

	YES	NO	UNSURE
1. Do you have any concerns about where your child sleeps most often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>In the last month</b> has your child slept in a <u>room</u> shared with you, siblings, other family members or pets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>In the last month</b> has your child shared a <u>bed</u> with you, siblings, other family members or pets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>In the last month</b> , has your child moved during the night from one sleep location to another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>In the last month</b> , has your child slept anywhere other than in your home, including naps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child regularly use a TV, computer, tablet, or other electronic device 2 hours before bedtime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is where your child sleeps most often brightly lit by more than just sun-light? (LED or energy efficient light bulbs, light from street lights, a clock or night light?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you think where your child sleeps most often is too noisy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is where your child sleeps most often: damp, humid, have mold or standing water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you heat your home with a fire place, pellet, or wood burning stove?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you think where your child sleeps most often is too hot or too cold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>