

Sleep pathways assessment form



The sleep pathway assessment form supports a consistent approach to understanding the sleep and settling needs of families.

Child's name		Child's age	
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Parent/carer		Relationship to child	
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Is your child's sleep a concern?	Yes		No	
Is your child's sleep a concern for other family members?	Yes		No	
How long has your child's sleep concerned you or a family member?				
Would you or a family member like further information and support around your child's sleep?	Yes		No	

Child's sleeping arrangements (tick those applicable)

Cot in parents' room		Bed sharing in parents' room	
Cot in separate room		Bed sharing in child's room	
Cot in room with sibling		Co-sleeping – sharing a sleep surface with a child, and may include sofa or floor	
Other	Please specify		

Child's sleeping associations (tick those applicable)

Wrapping		Feeding	
Sleeping bag		Cuddling or held	
Dummy/soothers/pacifier		Car	
Comfort toy		Music/white noise	
Patting/stroking		Other	
If 'Other', please specify			

Feeding (age appropriate)

Diet	Feeds per 24 hours
Breast feeding	
Formula feeding	
First foods	
Meals (breakfast, lunch, dinner)	
Snacks (morning tea, afternoon tea, supper)	

Sleep patterns – day (7am–7pm)

Average number of sleeps			
Average length of each sleep			
Average number of hours in total			
Does child need support to resetttle during sleep/s?	Yes		No

Sleep patterns – night (7pm–7am)

Average number of sleeps			
Average length of each sleep			
Average number of hours in total			
Does child need support to resetttle during sleep/s?	Yes		No

Sleep pathways assessment completed

Maternal and Child Health nurse		Date	
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