

PEDIATRIC SLEEP AND AUTISM CLINICAL GLOBAL IMPRESSIONS SCALE

Part I. SLEEP AND AUTISM CLINICAL GLOBAL IMPRESSIONS SCALE-SEVERITY (Sleep CGI-S)

INSTRUCTIONS: Mark the following items for specific symptoms of sleep disturbance in autism. Write the number in the box to the right of each item corresponding to the best description of your observations of this child, considering your total experience with this child.

Does the child sleep in the same bed or room with the parent at any time?

If **No**: skip to question B

If **Yes**: is this a parental preference?

Yes: skip to question B

No: proceed with question A.

A. How concerned are you with this child's ability to fall asleep and remain sleeping independently [e.g., apart from parent(s)].

1. No concerns at this time
2. Borderline or barely have concerns
3. Mild to moderate concerns
4. Moderate concerns
5. Marked concerns
6. Severe concerns
7. Among the highest level of concerns noted among children I have evaluated

Please rate based on the number of nights a week co-sleeping occurs and how much of the night it affects (e.g., falling asleep and staying asleep). There is a separate question for parent satisfaction and family functioning so you don't need to weight your answer based on those issues.

B. How much bedtime resistance is the child exhibiting at this time?

1. No bedtime resistance
2. Borderline or barely having bedtime resistance
3. Mild to moderate bedtime resistance
4. Moderate bedtime resistance
5. Marked bedtime resistance
6. Severe bedtime resistance
7. Among the worst bedtime resistance you've ever seen

Examples

Borderline to Mild bedtime resistance = talking, signaling for parent(s)' assistance or attention

Moderate to marked bedtime resistance = crying

Severe/Among the worst bedtime resistance = screaming, kicking, running around. Out of the ordinary measures such as riding around the neighborhood to get the child to sleep or rubbing the child's back for an hour may also qualify as severe/among the worst bedtime resistance if the child would normally scream, kick, or run around.

Please rate also taking into account the length of time each night and number of nights a week resistance occurs.

C. How much sleep onset delay is he/she experiencing at this time?

1. No sleep onset delay
2. Borderline or barely having sleep onset delay
3. Mild to moderate sleep onset delay
4. Moderate sleep onset delay
5. Marked sleep onset delay
6. Severe sleep onset delay
7. Among the worst sleep onset delay you've ever seen

Examples (any of the bullets in a category will qualify child at that level)

C1 falls asleep within 30 minutes on all nights, with rare exceptions

C2 falls asleep within 30 minutes five or more nights a week

C3

- takes 31-60 minutes to fall asleep on 3-4 nights a week
- takes more than an hour to fall asleep several times a month but less than once a week

C4

- takes 31-60 minutes to fall asleep on 5-7 nights a week
- takes more than an hour to fall asleep 1-2 nights a week

C5

- takes more than an hour but less than 2 hours to fall asleep on most nights
- takes more than two hours to fall asleep on 1-2 nights a week

C6

- takes two hours or more to fall asleep on 3-5 nights a week

C7

- takes two hours or more to fall asleep on 6-7 nights a week

D. How much night awakening is he/she experiencing at this time?

1. No night wakings
2. Borderline or barely having night wakings
3. Mild to moderate night wakings
4. Moderate night wakings
5. Marked night wakings
6. Severe night wakings
7. Among the worst night wakings you've ever seen

Examples (any of the bullets in a category will qualify child at that level)

D1 child stays asleep on all nights, with rare exceptions

D2 child awakens parent once or twice a week and returns to sleep within 15 minutes on most occasions

D3

- Child awakens parent only once during the night, at least 3 nights a week, and returns to sleep within 15 minutes on most occasions
- Child awakens parent several times during the night, no more than once a week, and returns to sleep within 15 minutes on most occasions
- Child awakens parent only once during the night but is up for at least an hour. This occurs no more than once a week

D4

- Child awakens parent only once during the night and returns to sleep within 15 minutes on most occasions, and this occurs every night or almost every night
- Child awakens parent several times during the night, several times a week, and returns to sleep within 15 minutes on most occasions
- Child awakens parent only once during the night but is up for at least an hour (but no more than 2 hours). This occurs 2-3 times a week

D5

- Child awakens parent several times during the night and returns to sleep within 15 minutes on most occasions. This occurs every night or almost every night
- Child awakens parent only once during the night but is up for at least an hour (but no more than 2 hours). This occurs 4-5 times a week

- Child awakens parent only once during the night but is up for more than 2 hours). This occurs no more than once a week.
- Child awakens parent several times during the night and is up for at least an hour each time. This occurs no more than once a week.

D6

- Child awakens parent only once during the night but is up for at least an hour (but no more than 2 hours). This occurs 6-7 times a week
- Child awakens parent only once during the night but is up for more than 2 hours. This occurs 2-5 times a week.
- Child awakens parent several times during the night and is up for at least an hour each time. This occurs 2-5 times a week.

D7

- Every night or almost every night, the child awakens parent only once during the night but is up for more than 2 hours.
- Every night or almost every night, the child awakens parent and is up for at least an hour each time.

E. How much do you think his/her parents are satisfied with his/her current sleep patterns?

1. Parents seem satisfied, no parental concerns noted.
2. Parents barely have any concerns.
3. Parents are mildly to moderately concerned.
4. Parents are moderately concerned.
5. Parents have marked concerns.
6. Parents have severe concerns.
7. Among the highest level of concerns noted by any parents.

F. How much do you think the child's family is affected by his/her current sleep patterns?

1. Family functioning is not affected.
2. Family functioning is barely affected.
3. Family functioning is mildly to moderately affected.
4. Family functioning is moderately affected.
5. Family functioning is markedly affected.
6. Family functioning is severely affected.
7. Among the most severely affected level of family functioning noted.

G. How concerned are you with this child's sleep overall? When making this rating, please consider all of the elements in the questions above.

1. No concerns at this time

2. Borderline or barely have concerns
3. Mild to moderate concerns
4. Moderate concerns
5. Marked concerns
6. Severe concerns
7. Among the highest level of concerns noted among children I have evaluated

Part II. PEDIATRIC SLEEP AND AUTISM CLINICAL GLOBAL IMPRESSIONS SCALE-IMPROVEMENT (Sleep CGI-I)

INSTRUCTIONS: Mark the following items for IMPROVEMENT in this child's specific sleep symptoms.

NOTE that 4 No Change indicates same level of problematic behavior as before treatment.

A. Rate the total improvement in this child's general level of ABILITY TO FALL ASLEEP AND REMAIN SLEEPING INDEPENDENTLY IN HIS/HER OWN BED

- | | |
|----------------------|-------------------|
| 1 Very much improved | 4 No change |
| 2 Much improved | 5 Minimally worse |
| 3 Minimally improved | 6 Much worse |
| | 7 Very much worse |

B. Rate the following in reference to this child's BEDTIME RESISTANCE

- | | |
|----------------------|-------------------|
| 1 Very much improved | 4 No change |
| 2 Much improved | 5 Minimally worse |
| 3 Minimally improved | 6 Much worse |
| | 7 Very much worse |

C. Rate the total improvement in this child's SLEEP ONSET DELAY

- | | |
|----------------------|-------------------|
| 1 Very much improved | 4 No change |
| 2 Much improved | 5 Minimally worse |
| | 6 Much worse |

3 Minimally improved
D. Rate the total improvement in this child's NIGHT WAKINGS 7 Very much worse

1 Very much improved
2 Much improved
3 Minimally improved
4 No change
5 Minimally worse
6 Much worse
7 Very much worse

E. Rate the total improvement in the PARENTS' SATISFACTION WITH THEIR CHILD'S SLEEP PATTERNS

1 Very satisfied, no parental concerns
2 Satisfied, barely have any remaining concerns
3 Satisfied with some improvement but remain concerned about sleep problems
4 No change from previous
5. Parents are dissatisfied and have marked concerns, sleep problems seem worse
6. Parents are very dissatisfied and have severe concerns, sleep problems seem much worse.
7. Parents are extremely dissatisfied, sleep problems are very much worse.

F. Rate the total improvement in FAMILY FUNCTIONING

1 Very much improved
2 Much improved
3 Minimally improved
4 No change
5 Minimally worse
6 Much worse
7 Very much worse

G. Rate the total improvement in this child's SLEEP OVERALL

1 Very much improved
2 Much improved
3 Minimally improved
4 No change
5 Minimally worse
6 Much worse
7 Very much worse