**Parent-Child Sleep Interactions Scale (PSIS)**

Provider:

Date Completed:
Client: DOB: Sex:

**Instructions**

The following items ask about how frequently these behaviors/interactions have occurred during the past month. For each question, please circle the number that best describes how frequently this interaction has occurred. Use the following description for each number:

0 = never; 1 = rarely, 2= sometimes, 3 = frequently, 4 = always/almost always

**Items**

1. My child sleeps someplace other than his/her own bed 0 1 2 3 4
2. My child sleeps in my room all night 0 1 2 3 4
3. My child comes to my room at bedtime 0 1 2 3 4
4. At bedtime, I remind/tell my child several times to go to sleep. 0 1 2 3 4
5. I reassure my child that he/she is safe at night. 0 1 2 3 4
6. I reassure my child about his/her ability to fall/stay asleep. 0 1 2 3 4
7. I praise my child for good sleep behaviors. 0 1 2 3 4
8. I provide privileges or rewards for good sleep behaviors. 0 1 2 3 4
9. I read to my child if my child cannot sleep. 0 1 2 3 4
10. My child & I argue about bedtimes/sleep schedules. 0 1 2 3 4
11. I physically take my child to his/her room because of bedtime/sleep non-compliance.

 (For Item 11) 0 1 2 3 4

1. My child has a tantrum/screams/cries if he/she is made to go to sleep. 0 1 2 3 4

**Thank you for completing this questionnaire.**

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**PSIS Items with Sub-Scales Denoted and Scoring Instructions: For Clinician Use**

1. My child sleeps someplace other than his/her own bed (SD) Insert score
2. My child sleeps in my room all night (SD) \_\_\_\_\_\_\_\_\_\_
3. My child comes to my room at bedtime (SD) \_\_\_\_\_\_\_\_\_\_
4. At bedtime, I remind/tell my child several times to go to sleep. (SC) \_\_\_\_\_\_\_\_\_\_
5. I reassure my child that he/she is safe at night. (SR) \_\_\_\_\_\_\_\_\_\_
6. I reassure my child about his/her ability to fall/stay asleep. (SR) \_\_\_\_\_\_\_\_\_\_
7. I praise my child for good sleep behaviors. (SR) \_\_\_\_\_\_\_\_\_\_
8. I provide privileges or rewards for good sleep behaviors. (SR) \_\_\_\_\_\_\_\_\_\_
9. I read to my child if my child cannot sleep. (SR) \_\_\_\_\_\_\_\_\_\_
10. My child & I argue about bedtimes/sleep schedules. (SC) \_\_\_\_\_\_\_\_\_\_
11. I physically take my child to his/her room because of bedtime/sleep non-compliance.(SC) (For 11) \_\_\_\_\_\_\_\_\_\_
12. My child has a tantrum/screams/cries if he/she is made to go to sleep \_\_\_\_\_\_\_\_\_\_

 **Total Score \_\_\_\_\_\_\_\_\_\_**

 **SD Sub-Score \_\_\_\_\_\_\_\_\_\_**

 **SC Sub-Score \_\_\_\_\_\_\_\_\_\_**

 **SR Sub-Score \_\_\_\_\_\_\_\_\_\_**

**Sub-Scales & Descriptions**

Sleep Dependence (SD) (Items 1, 2, & 3): Difficulty going to sleep without parent

Sleep Conflict (SC) (Items 4, 10, & 11): Parent-child conflict at bedtime

Sleep Reinforcement (SR) (Items 5, 6, 7, 8, & 9): Parent reassurance of child sleep behaviors and involvement in bedtime routine

**Scoring Instructions**

Sum the total of the items circled from items 1-12. Your total should be within the range of 0-48. Higher scores indicate more problematic interactions. The sum for the sub-scale scores will be out of the following ranges, with higher scores indicating more problematic interactions:

* Sleep Dependence: 0-12
* Sleep Conflict: 0-12
* Sleep Reinforcement: 0-20

\*Item 12 does not load into a sub-scale

**Source**

To find the original location of the PSIS items, see Table 2 of the following publication. Additionally, the original location of scoring instructions is located in the *Measures* section under the *Parent-Child Sleep Interaction Scale* heading.

Alfano, C. A., Smith, V. C., Reynolds, K. C., Reddy, R., & Dougherty, L. R. (2013). The Parent- Child Sleep Interactions Scale (PSIS) for Preschoolers: Factor Structure and Initial Psychometric Properties. *Journal of Clinical Sleep Medicine: JCSM : Official Publication of the American Academy of Sleep Medicine*, *9*(11), 1153–1160. http:// doi.org/10.5664/jcsm.3156