

# THE PSYCHOLOGICAL TRAUMA CENTER

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## BEDTIME ROUTINES

I'm going to read you a list of things you may have encountered while getting \_\_\_\_\_ ready for bed. Please tell me whether any of these problems have occurred in the last month:

TYPE OF PROBLEM:		No	Yes
1.	Tantrums	0	1
2.	Dawdling	0	1
3.	Feeling frightened of the dark	0	1
4.	Uncooperative	0	1
5.	Staying awake	0	1
6.	Sleeping in places other than own bed	0	1
7.	Getting up several times	0	1
8.	Nightmares	0	1
9.	Not Having time for yourself	0	1
10.	Other _____	0	1

SCORE \_\_\_\_\_

## MEDICATIONS

I'm going to read you a list of difficulties you might be having with medications. Please tell me whether any of these things have happened in the past month:

TYPE OF PROBLEM:		No	Yes
1.	Finding the best drug to control them (symptoms)	0	1
2.	Finding the right dosage	0	1
3.	Remembering to give it to the child	0	1
4.	Resisting/refusing to take medication	0	1
5.	Expense	0	1
6.	Side effects	0	1
7.	Fluctuations in seizure control	0	1
8.	Other _____	0	1

SCORE \_\_\_\_\_

TOTAL SCORE \_\_\_\_\_