

# Sleep Assessment



Baby's Name:

DoB:

NHS No:

Postcode:

	COMMENTS
Where did the assessment take place?	
Where does the baby sleep at night?	
Where does the baby sleep during the day?	
Where else does the baby sleep? (Sleepy head, bouncer, car seat, pram).	
Did you see where baby sleeps day/night? (visual assessment). If not observed, give the reason why and the planned date to see.	

	Y	N	COMMENTS
Does anyone in your household or anybody who cares for baby smoke?			
Do you ever take your baby to bed with you?			
Do you share your bed with anybody else?			
Does anyone in your household or anybody who cares for baby drink alcohol?			
Does anyone in your household or anybody who cares for baby use drugs or take medication?			
Is baby always put to bed on their back with their feet to foot of cot?			
What does your baby sleep in? (clothes/bedding) Is this appropriate?			
Is the family able to ensure room temperature stays between 16-20°C?			
Have you discussed how baby is being fed?			
Do you have a plan to manage safe sleep for your baby in different circumstances? (e.g. sleeping away from home, after drinking alcohol at a party or celebration)			

**Analysis** - What risk factors have been identified during this assessment?

  
  
  
  
  
  
  
  
  
  

**Action Plan** – What is your Action Plan and what are the timescales?

  
  
  
  
  
  
  
  
  
  

**Completed by:**.....**Date:**.....

**Review by:**.....**Date:**.....