

Monitoring results ThevoSleepingStar



Name: _____

(Abbreviated like Mr. X or Mrs. X to protect identities)

Address: _____

E-mail: _____ **Tel:** _____

Person overseeing the trial: _____

Describe the child's overall condition: _____

ThevoSleepingStar Model:

- SleepingStar SleepingStar A Twin Size Crib Hospital Size

Frame type:

- Slatted or platform Box Springs Box Springs with Bunkie Board Hospital Bed

Trial start date:

Notes about the child before trial:

Notes about the child after trial:

Other comments and recommendations:

Do you give permission for the results to be published? Yes No

Signed: _____



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	Pre-Trial Observations	End of Week 1 with SleepingStar	End of Week 2 with SleepingStar	End of Week 3 with SleepingStar	End of Week 4 with SleepingStar
<p>Please rank the following statements:</p> <p>(Ranking 1 to 5 (5 = strongly agree, 4 = agree, 3 = somewhat agree, 2 = disagree, 1 = strongly disagree))</p>	Before SleepingStar	Week 1 Results:	Week 2 Results:	Week 3 Results:	Week 4 Results:
The child falls asleep relatively quickly at night.					
The child wakes up less frequently since sleeping on ThevoSleepingStar.					
The child stays in bed all night without getting up.					
The child is not restless, anxious or sad when awakening.					
The child appears refreshed in the morning.					
The child has a good appetite at meal times.					
The child participates in daytime activities.					
The child is interested in social engagement with fellow peers or caregiving staff.					
The child is not restless during the daytime.					
The child is able to assist in personal hygiene or in dressing.					
The child does not show aggressive behavior towards peers or caregiving staff.					
The child does not sleep frequently in the daytime.					

Signed: _____

