Public Health Infant Sleep Questionnaire

To be used with children 4 months and up.

Many parents find that filling out this questionnaire gives them clues to areas of their child's sleep that might be causing concerns.

Child's full name_____ Your name and phone number_____

Child's birthdate_____ Age_____ Todays date_____

1. **What is your goal for your child's sleep?**

   _____

   _____

2. Does your child snore during sleep?
   - ☐ Never
   - ☐ Only when he/she has a cold or allergies
   - ☐ Sometimes
   - ☐ Almost always/always

3. How would you describe your child's personality? (CHECK ALL THAT APPLY)
   - ☐ Very active and wiggly
   - ☐ Easily overstimulated by things in the world (for example sounds, lights)
   - ☐ Very intense and cries or fusses a lot, she is hard to figure out
   - ☐ Other _____

Please think about your child's sleep over the past <u>2 weeks</u> in answering the following questions:

4. Where does your child sleep most of the time?: (CHECK ONE)
   - ☐ In his/her own room
   - ☐ In parents' room
   - ☐ In siblings or other's room
   - ☐ In another room of the house
   - ☐ Other, please specify:

5. Which of the following does your child sleep in most of the time?
   - ☐ Crib
   - ☐ Own bed (any size)
   - ☐ Parents' bed
   - ☐ Bassinet
   - ☐ Infant seat
   - ☐ Swing
   - ☐ Other, please specify:_____ _____

6. In what position does your child sleep most of the night? (CHECK ONE)
   - ☐ On his/her back
   - ☐ On his/her belly
   - ☐ On his/her side
   - ☐ Other _____

7. Which of the following usually occurs on most nights for your child in the hour before bedtime? (CHECK ALL THAT APPLY)
   - ☐ Bath
   - ☐ Massage
   - ☐ Read books/being read to
   - ☐ Rocked
   - ☐ Watch television
   - ☐ Have dinner or a snack
   - ☐ Have a bottle, drink, or nurse
   - ☐ Run around
   - ☐ Play
   - ☐ Cuddle
   - ☐ Say prayers
   - ☐ Sing songs/listen to music
   - ☐ Play computer/phone games
   - ☐ Other, please specify:

8. In a typical 7-day week, how often does your child have the same bedtime routine?
   - ☐ 1-2 nights per week
   - ☐ 3-4 nights per week
   - ☐ 5-6 nights per week
   - ☐ Every night

9. At night time how does your child fall asleep most of the time? (CHECK ALL THAT APPLY)
   - ☐ While being bottle-fed
   - ☐ While being breast-fed/nursing
   - ☐ While being rocked
   - ☐ While being held
   - ☐ While watching television
   - ☐ In swing or stroller
   - ☐ In his/her own cribalone in the room
   - ☐ In parent's bed alone in the room
   - ☐ In his/her own crib and with a parent in the room
   - ☐ In parent's bed and with a parent in the room
   - ☐ In another room of the house (e.g. living room)
   - ☐ Other, please specify:

10. What time do you usually start your child's bedtime routine?_____

11. What time do you usually put your child to bed at night? (finished bedtime routine and in crib/bed)_____

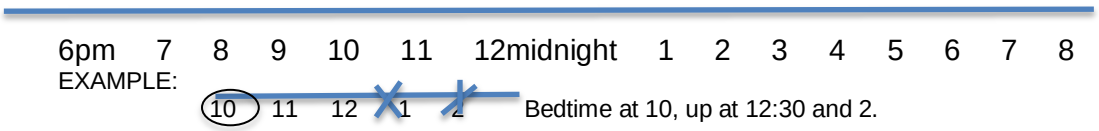
12. How long does it typically take your child to fall asleep at night? (Most nights)
   - ☐ Less than 5 min
   - ☐ 5-15 min
   - ☐ 16-30 min
   - ☐ 31-60 min
   - ☐ More than 1h

13. How often, if ever, does your child have a difficult time falling asleep at night?
   - ☐ Every night
   - ☐ 5-6 nights per week
   - ☐ 3-4 nights per week
   - ☐ 1-2 nights per week
   - ☐ 1-3 nights per months
   - ☐ Less than once a month
   - ☐ Never

14. How many times does your child typically wake during the night? _____times per night

15. How often does your child wake during the night, if ever?
   - ☐ Every night
   - ☐ 5-6 nights per week
   - ☐ 3-4 nights per week
   - ☐ 1-2 nights per week
   - ☐ 1-3 nights per month
   - ☐ Less than once a month
   - ☐ Never

16. On the timeline below,
   - **circle** "bedtime" and "up for the day".
   - **Indicate with an ✖** how often your child is awake during the night.



17. When your child wakes up during the night, what do you do? (CHECK ALL THAT APPLY)
- ☐ Pick up my child and hold/rock him/her until child asleep
- ☐ Pick up my child and put him/her back down while child is still awake
- ☐ Rub or pat my child but do not pick up or take out of crib/bed
- ☐ Feed my child and put him/her back into crib/bed drowsy but awake
- ☐ Feed my child until he/she is back to sleep
- ☐ Give my child a pacifier
- ☐ Change diaper
- ☐ Comfort my child verbally but don't pick up or take child out of crib/bed
- ☐ Bring my child into my bed
- ☐ Let my child cry and fall back to sleep by himself/herself
- ☐ Give my child a few minutes to see if he/she falls back to sleep
- ☐ Play with my child until child is ready to go back to sleep
- ☐ Watch television/a video with my child until he/she falls asleep
- ☐ Sing to child
- ☐ Other, please specify:_____

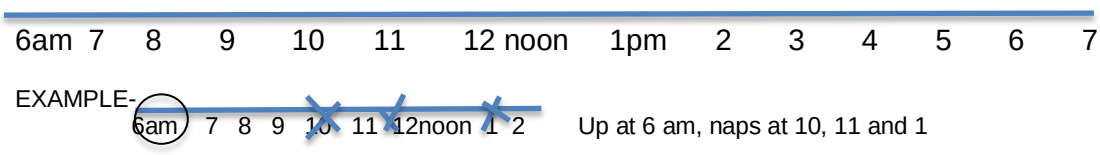
18. On a typical night, how much total time during the NIGHT is your child awake?
_____ hours _____ minutes

19. On a typical night, what is the longest stretch of time that your child is asleep without waking up?
_____hours _____ minutes

20. How much total time does your child spend sleeping during the NIGHT (7 in the evening to 6 in the morning) _____ hours _____ minutes

21. **<u>At naptime</u>** how does your child fall asleep most of the time? (CHECK ALL THAT APPLY)
- ☐ While being bottle-fed
- ☐ While being breast-fed/nursing
- ☐ While being rocked
- ☐ While being held
- ☐ While watching television
- ☐ In swing or stroller
- ☐ In child's crib/bed alone in the room
- ☐ In parent's bed alone in the room
- ☐ In child's crib/bed and with a parent in the room
- ☐ In parent's bed and with a parent in the room
- ☐ In another room of the house (e.g. living room)
- ☐ In the car
- ☐ Other, please specify:

22. On the timeline below, **circle** the time that your child is "up for the day**".**
Indicate with a (×) when your child starts each nap during the day.



23. During the day, what is the longest stretch of time that your child typically sleeps?

_____hours _____minutes

24. How much total time does your child spend sleeping during the DAY (between 6 in the morning and 7 in the evening)

_____hours _____minutes

25. When your child is tired or upset, what **do you do** OR what does **your child do** to help calm? (CHECK ALL THAT APPLY)

Child does this:

- ☐ Rub/touch own face or hair
- ☐ Rub/touch blanket/toy or other comfort object
- ☐ Suck thumb or fingers
- ☐ Rub/touch parents face or clothing
- ☐ Rub/touch parents face
- ☐ Breastfeed/drink from a bottle
- ☐ Other:_____

Parent does this:

- ☐ Say “shhh” loudly or sing to child
- ☐ Swaddle child
- ☐ Pat or rub child’s body
- ☐ Rock/Bounce/Sway or Jiggle child
- ☐ Breastfeed/drink from a bottle
- ☐ Offer pacifier or soother
- ☐ Other: _____

26. Is your child’s sleep causing stress for you or your family? (CHECK ONE)

- ☐ A very serious problem/ A lot of stress
- ☐ A small problem/ Some stress
- ☐ Not a problem at all/ No stress at all

27. How have you been coping with your child’s sleep?

28. What is the birth order of your child?_____

29. Other information you would like us to know about your child or your situation?

Adapted with permission from Sadeh, A., Mindell, J. A., Luedtke, K., & Wiegand, B. (2009). Sleep and sleep ecology in the first 3 years: a web-based study. Journal of Sleep Research, 18(1), 60-73. doi: 10.1111/j.1365-2869.2008.00699.x