

Name of Patient: _____

Date form filled out: _____

Child's Sleep Habits Questionnaire (pre-school and school-aged children)

The following statements are about your child's sleep habits and possible difficulties with sleep. Think about the past week in your child's life when answering the questions. If last week was unusual for a specific reason (such as your child had an ear infection and did not sleep well or the TV set was broken) choose the most recent typical week.

Answer USUALLY if something occurs **5 or more times** in a week.

Answer SOMETIMES if it occurs **2-4 times** in a week.

Answer RARELY if something occurs **never or 1 time** during a week.

Indicate whether or not the sleep habit is a problem by circling "Yes", "No," or "not applicable (N/A)".

Write in child's bedtime: _____ Write in child's usual wake time: _____

Child's usual amount of sleep each night (no naps): _____ hours and _____ minutes

Child's usual amount of sleep each day (naps): _____ hours and _____ minutes

	1 Usually (5-7)	2 Sometimes (2-4)	3 Rarely (0-1)	Problem?		
1. Child goes to bed at the same time at night				Yes	No	N/A
2. Child falls asleep alone in own bed				Yes	No	N/A
3. Child falls asleep within 20 minutes after going to bed				Yes	No	N/A
4. Child sleeps the right amount				Yes	No	N/A
5. Child sleeps about the same amount each day				Yes	No	N/A
6. Child wakes up by him/herself				Yes	No	N/A

Child has appeared very sleepy or fallen asleep during the following (check all that apply):

	0 Not Sleepy	1 Very Sleepy	2 Falls Asleep
7. Watching TV			
8. Riding in a car			

PLEASE TURN OVER AND COMPLETE OTHER SIDE!!!

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	3 Usually (5-7)	2 Sometimes (2-4)	1 Rarely (0-1)	Problem?		
9. Child falls asleep in parent's or sibling's bed				Yes	No	N/A
10. Child struggles at bedtime (cries, refuses to stay in bed, etc.)				Yes	No	N/A
11. Child needs parent in the room to fall asleep				Yes	No	N/A
12. Child is afraid of sleeping alone				Yes	No	N/A
13. Child sleeps too little				Yes	No	N/A
14. Child is afraid of sleeping in the dark				Yes	No	N/A
15. Child has trouble sleeping away from home (visiting relatives, vacation)				Yes	No	N/A
16. Child moves to someone else's bed during the night (parent, sibling, etc.)						
17. Child awakens once during the night				Yes	No	N/A
18. Child awakens more than once during the night Write the number of minutes a night waking usually lasts: _____				Yes	No	N/A
19. Child talks during sleep				Yes	No	N/A
20. Child is restless and moves a lot during sleep				Yes	No	N/A
21. Child sleepwalks during the night				Yes	No	N/A
22. Child wets the bed at night				Yes	No	N/A
23. Child grind teeth during sleep (your dentist may have told you this)				Yes	No	N/A
24. Child awakens alarmed by a frightening dream				Yes	No	N/A
25. Child awakens during night screaming, sweating, and inconsolable				Yes	No	N/A
26. Child snores loudly				Yes	No	N/A
27. Child seems to stop breathing during sleep				Yes	No	N/A
28. Child snorts and/or gasps during sleep				Yes	No	N/A
29. Child wakes up in a negative mood				Yes	No	N/A
30. Adults or siblings wake up child				Yes	No	N/A
31. Child has difficulty getting out of bed in the morning				Yes	No	N/A
32. Child takes a long time to become alert in the morning				Yes	No	N/A
33. Child seems tired in the morning				Yes	No	N/A

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