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!!!

Name of Patient: _____ Date form filled out:_____

	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	☐	☐	☐	Yes	No	N/A
Write the number of minutes a night waking usually lasts: _____						
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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