

SLEEP HISTORY QUESTIONNAIRE

Childs Name: _____

Date: _____

VII.4.3 Sleep Habits Information

Think about the past week in your child’s life when answering the questions. If last week was unusual for a specific reason, choose the most recent typical week. Answer as follows:

- RARELY if something occurs never or 1 time during a week
- SOMETIMES if it occurs 2-4 times in a week
- USUALLY if something occurs 5 or more times in a week

Also, please indicate whether or not the sleep habit is a problem by checking “NO” or “YES”. Please answer each question even if the question asked is not a problem for your child

	How often?			Is it a problem?	
	RARELY (0-1)	SOME-TIMES (2-4)	USUALLY (5-7)	NO	YES
Child goes to bed at the same time at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child falls asleep within 20 minutes after going to bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child falls asleep alone in own bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child falls asleep in parent’s or sibling’s bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child needs parent in the room to fall asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child struggles at bedtime (cries, refuses to stay in bed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child is afraid of sleeping in the dark	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child is afraid of sleeping alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child sleeps too little	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child sleeps the right amount	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child sleeps about the same amount each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child wets the bed at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child talks during sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child is restless and moves a lot during sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child sleepwalks during the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child moves to someone else’s bed during the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child grinds teeth during sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child snores loudly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child seems to stop breathing during sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child snorts and/or gasps during sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child has trouble sleeping away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child awakens during the night screaming, sweating, and inconsolable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child awakens alarmed by a frightening dream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child awakes once during the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child awakes more than once during the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Write the number of minutes a night waking usually lasts:

(If they do not wake during the night, please record 0 min.)

_____ minutes

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	RARELY (0-1)	SOME- TIMES (2-4)	USUALLY (5-7)	NO	YES
Child wakes up by him/herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child wakes up in negative mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults or siblings wake up child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child has difficulty getting out of bed in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child takes a long time to become alert in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child seems tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Child has appeared very sleepy or fallen asleep during the following:

	NOT SLEEPY	VERY SLEEPY	FALLS ASLEEP	NOT APPLICABLE
...watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...riding in car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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