*Judith A. Owens, MD, MPH* **Child’s Sleep Habits**

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***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 specific reasons (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. Respond as follows:***

***RARELY if something occurs never or 1 time in a week***

***SOMETIMES if it occurs 2 – 4 times in a week***

***USUALLY if it occurs 5 or more times in a week***

***Also, please indicate whether or not the sleep habit is a problem by circling “Yes,” “No,” or Not Applicable “N/A”***

**Bedtime**

**What is child’s usual bedtime? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is child’s usual wake time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rarely Sometimes Usually Problem?**

**(0 – 1) (2 – 4) (5 – 7)**

1. Child goes to bed at the same time at night. ☐ ☐ ☐ Yes No N/A
2. Child falls asleep within 20 minutes after going ☐ ☐ ☐ Yes No N/A

to bed.

1. Child falls asleep alone in own bed. ☐ ☐ ☐ Yes No N/A
2. Child falls asleep in parent’s or sibling’s bed. ☐ ☐ ☐ Yes No N/A
3. Child falls asleep with rocking or rhythmic ☐ ☐ ☐ Yes No N/A

movements.

1. Child needs special object to fall asleep (doll, ☐ ☐ ☐ Yes No N/A

special blanket, etc.).

1. Child needs parent in the room to fall asleep. ☐ ☐ ☐ Yes No N/A
2. Child is ready to go to bed at bedtime. ☐ ☐ ☐ Yes No N/A
3. Child resists going to bed at bedtime. ☐ ☐ ☐ Yes No N/A
4. Child struggles at bedtime (cries, refuses to ☐ ☐ ☐ Yes No N/A

stay in bed, etc.).

1. Child is afraid of sleeping in the dark. ☐ ☐ ☐ Yes No N/A
2. Child is afraid of sleeping alone. ☐ ☐ ☐ Yes No N/A

**Sleep Behavior**

**How much does your child usually sleep each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes**

**(combine nighttime sleep and naps)**

1. Child sleeps too little. ☐ ☐ ☐ Yes No N/A
2. Child sleeps too much. ☐ ☐ ☐ Yes No N/A
3. Child sleeps the right amount. ☐ ☐ ☐ Yes No N/A
4. Child sleeps about the same amount each day. ☐ ☐ ☐ Yes No N/A
5. Child wets the bed at night. ☐ ☐ ☐ Yes No N/A
6. Child talks during sleep. ☐ ☐ ☐ Yes No N/A
7. Child is restless and moves a lot during sleep. ☐ ☐ ☐ Yes No N/A
8. Child sleepwalks during the night. ☐ ☐ ☐ Yes No N/A
9. Child moves to someone else’s bed during the night ☐ ☐ ☐ Yes No N/A

(parent, brother, sister, etc.).

1. Child reports body pains during sleep. ☐ ☐ ☐ Yes No N/A

If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rarely Sometimes Usually Problem?**

**(0 – 1) (2 – 4) (5 – 7)**

1. Child grinds teeth during sleep (your dentist may ☐ ☐ ☐ Yes No N/A

have told you this).

1. Child snores loudly. ☐ ☐ ☐ Yes No N/A
2. Child seems to stop breathing during sleep. ☐ ☐ ☐ Yes No N/A
3. Child snorts and/or gasps during sleep. ☐ ☐ ☐ Yes No N/A
4. Child has trouble sleeping away from home ☐ ☐ ☐ Yes No N/A

(visiting relatives, vacation).

1. Child awakens during night screaming, sweating, ☐ ☐ ☐ Yes No N/A

and inconsolable.

1. Child awakens alarmed by a frightening dream. ☐ ☐ ☐ Yes No N/A

**Waking During the NIght**

1. Child awakens once during the night. ☐ ☐ ☐ Yes No N/A
2. Child awakens more than once during the night. ☐ ☐ ☐ Yes No N/A
3. Child returns to sleep without help after waking. ☐ ☐ ☐ Yes No N/A

**How many minutes does a typical night waking**

**usually last?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Morning Waking**

1. Child wakes by him/herself. ☐ ☐ ☐ Yes No N/A
2. Child wakes up with alarm clock. ☐ ☐ ☐ Yes No N/A
3. Child wakes up in negative mood. ☐ ☐ ☐ Yes No N/A
4. Adults or sibling wake up the child. ☐ ☐ ☐ Yes No N/A
5. Child has difficulty getting out of bed in the morning. ☐ ☐ ☐ Yes No N/A
6. Child takes a long time to become alert in the morning. ☐ ☐ ☐ Yes No N/A
7. Child wakes up very early in the morning. ☐ ☐ ☐ Yes No N/A
8. Child has a good appetite in the morning. ☐ ☐ ☐ Yes No N/A
9. Child wakes up by self very early in the morning. ☐ ☐ ☐ Yes No N/A

**Daytime Sleepiness**

1. Child naps during the day. ☐ ☐ ☐ Yes No N/A
2. Child suddenly falls asleep in the middle of active ☐ ☐ ☐ Yes No N/A

behavior.

1. Child seems tired. ☐ ☐ ☐ Yes No N/A

**During the past week, how sleep has your child**

**Been in the following situations?**

**Not Sleepy Very Sleepy Falls Asleep**

1. Playing alone ☐ ☐ ☐
2. Watching TV ☐ ☐ ☐
3. Riding in car ☐ ☐ ☐
4. Eating meals ☐ ☐ ☐