

CHILDREN'S SLEEP HABITS QUESTIONNAIRE (EXTENDED)

The following statements are about your child's sleep habits and possible difficulties with sleep. Please think about the past week in your child's life when answering the questions. If last week was unusual for a specific reason, please choose the most recent typical week. Please check the appropriate response for each statement based on the frequency of occurrence.

BEDTIME

Statement	Always	Usually	Sometimes	Rarely	Never
My child goes to bed at the same time every night.					
My child falls asleep within 20 minutes after going to bed.					
My child falls asleep alone in their own bed.					
My child falls asleep in their parent's or sibling's bed.					
My child falls asleep with rocking or rhythmic movements.					
My child needs a special object to fall asleep.					
My child needs a parent in the room to fall asleep.					

Statement	Always	Usually	Sometimes	Rarely	Never
My child resists going to bed at bedtime.					
My child is afraid of sleeping in the dark.					
My child has a bedtime routine before sleep.					
My child requires a specific sleep environment.					
My child has difficulty winding down before bed.					
My child experiences nightmares or night terrors.					
My child wakes up during the night.					
My child sleepwalks or talks in their sleep.					
My child experiences bedwetting at night.					

SLEEP DURATION

Please write in your child's usual amount of sleep each day (combining nighttime sleep and naps):

- Weekdays: ____ hours and ____ minutes
- Weekends: ____ hours and ____ minutes

Statement	Always	Usually	Sometimes	Rarely	Never
My child sleeps about the same amount each day.					
My child takes regular daytime naps.					
My child wakes up refreshed in the morning.					
My child experiences excessive daytime sleepiness.					
My child has difficulty waking up in the morning.					
My child has irregular sleep patterns.					
My child has difficulty falling back to sleep.					

Statement	Always	Usually	Sometimes	Rarely	Never
My child wakes up too early in the morning.					

SLEEP ENVIRONMENT

Statement	Always	Usually	Sometimes	Rarely	Never
My child has a comfortable mattress and bedding.					
My child sleeps in a quiet and dark room.					
My child's sleep environment is cool and well-ventilated.					
My child has a consistent sleep environment.					
My child shares a bedroom with others.					
My child's sleep is disrupted by external noise.					

Statement	Always	Usually	Sometimes	Rarely	Never
My child's sleep is disrupted by light sources.					
My child's sleep is disrupted by uncomfortable temperature.					
My child's sleep is disrupted by pets in the room.					

SLEEP BEHAVIORS

Statement	Always	Usually	Sometimes	Rarely	Never
My child is restless and moves a lot during sleep.					
My child snores while sleeping.					
My child grinds their teeth during sleep.					
My child exhibits unusual sleep behaviors (e.g., talking, walking).					

Statement	Always	Usually	Sometimes	Rarely	Never
My child experiences sleep apnea or breathing difficulties during sleep.					
My child exhibits night sweats during sleep.					

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