Brief Infant Sleep Questionnaire – Revised
Short Form

Please think about your child’s sleep during the past two weeks in answering the following questions. Select only one answer unless otherwise indicated.

1. **What time do you usually start your child’s bedtime routine (start getting your child ready for bed)?**
   *Example: 8:20 PM would be 8 o’clock and 20 minutes.*
   
   _________ o’clock
   _________ minutes

2. **In a typical week, how often does your child have the exact same bedtime routine?**
   □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 nights

3. **Where does your child usually fall asleep at bedtime?**
   □ Crib
   □ Own bed (any size)
   □ Parent’s bed
   □ Co-sleeper (attached to parents’ bed)
   □ Bassinet/infant seat
   □ Swing/stroller
   □ Parent’s/adult’s arms
   □ Other

4. **How does your child usually fall asleep at bedtime?**
   □ While being held or rocked
   □ With an adult in the room, but not being held or rocked
   □ On own (without an adult in the room)

5. **At bedtime, does your child usually fall asleep while breastfeeding, bottle feeding, or drinking from a sippy cup?**
   □ Yes
   □ No

6. **What time do you usually put your child to bed at night (lights out)?**
   *Example: 8:20 PM would be 8 o’clock and 20 minutes.*
   
   _________ o’clock
   _________ minutes
7. Typically, how difficult is bedtime?
   □ Very easy
   □ Somewhat easy
   □ Neither easy nor difficult
   □ Somewhat difficult
   □ Very difficult

8. How long does it usually take your child to fall asleep?
   Example: If you put your child to bed at 8:15pm and your child falls asleep at 8:30pm, it took 15 minutes for your child to fall asleep
   _______ minutes

9. In what room does your child sleep for most of the night?
   □ In his/her own room
   □ In parent’s room
   □ In sibling’s or other bedroom
   □ In another room of the house

10. Where does your child sleep for most of the night?
    □ Crib
    □ Own bed (any size)
    □ Parent’s bed
    □ Co-sleeper (attached to parents’ bed)
    □ Bassinet/infant seat
    □ Swing/stroller
    □ Other

11. How many times does your child usually wake during the night?
    _______ times per night
12. When your child wakes up during the night, what do you do?  
(please check “yes” or “no” for each item)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>My child does not wake up during the night</td>
<td></td>
<td></td>
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<tr>
<td>Pick up my child and put him/her back down while child is still awake</td>
<td></td>
<td></td>
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<tr>
<td>Bottle or breast feed, or use sippy cup, to put child back to sleep</td>
<td></td>
<td></td>
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<tr>
<td>Play with my child, watch TV, or use/show smartphone/tablet</td>
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13. How much total time during the NIGHT is your child usually awake?  
*Example: If your child woke up 2 times and was awake for about 15 minutes each time, your child’s total time spent awake would be 30 minutes*

________ hours  
________ minutes

14. What is the longest stretch of time that your child is asleep during the NIGHT without waking up?  

________ hours  
________ minutes

15. How much total time does your child spend sleeping during the NIGHT (between 7:00 in the evening and 8:00 in the morning)?  

________ hours  
________ minutes

16. How well does your child usually sleep at night.  

□ Very well  
□ Well  
□ Fairly well  
□ Poorly  
□ Very poorly
17. Do you consider your child’s sleep a problem?
   □ Not a problem at all
   □ A very small problem
   □ A small problem
   □ A moderate problem
   □ A serious problem

**IS** = Infant Sleep subscale item
**PB** = Parent Behavior subscale item
**PP** = Parent Perception subscale item

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