

Brief Infant Sleep Questionnaire – Revised

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. Which of the following usually occurs on most nights for your child in the hour before bedtime? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Bath | <input type="checkbox"/> Brush teeth |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Play |
| <input type="checkbox"/> Read books/being read to | <input type="checkbox"/> Cuddle |
| <input type="checkbox"/> Rocked | <input type="checkbox"/> Say prayers |
| <input type="checkbox"/> Watch television | <input type="checkbox"/> Sing songs |
| <input type="checkbox"/> Have dinner or a snack | <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Have a bottle, drink, or nurse | <input type="checkbox"/> Use or watch smartphone or tablet |
| <input type="checkbox"/> Run around | <input type="checkbox"/> Other |

3. In a typical week, how often does your child have the exact same bedtime routine?

- 0 1 2 3 4 5 6 7 nights

4. As part of your child's bedtime routine, does your child usually breastfeed or drink breastmilk?

- Yes
 No

5. In which room does your child usually fall asleep at bedtime?

- In his/her own room
 In parent's room
 In sibling's or other bedroom
 In another room of the house

6. Where does your child usually fall asleep at bedtime?

- | | |
|--|--|
| <input type="checkbox"/> Crib | <input type="checkbox"/> Bassinet/infant seat |
| <input type="checkbox"/> Own bed (any size) | <input type="checkbox"/> Swing/stroller |
| <input type="checkbox"/> Parent's bed | <input type="checkbox"/> Parent's/adult's arms |
| <input type="checkbox"/> Co-sleeper (attached to parents' bed) | <input type="checkbox"/> Other |

7. 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)

8. At bedtime, does your child usually fall asleep while breastfeeding, bottle feeding, or drinking from a sippy cup?

- Yes
- No

9. Does your child usually fall asleep at bedtime with a pacifier?

- Yes
- No

10. Are there usually electronics (e.g., television, smartphone, or tablet) on in the room while your child falls asleep at bedtime?

- Yes
- No

11. Who puts your child to bed at bedtime?

- Only mother
- Usually mother
- Mother and father/partner equally
- Usually father/partner
- Only father/partner
- Usually someone else

12. 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

13. In a typical week, how regularly do you put your child to bed at the same time (within 15 minutes)?

- 0 1 2 3 4 5 6 7 nights

14. Typically, how difficult is bedtime?

- Very easy
 Somewhat easy
 Neither easy nor difficult
 Somewhat difficult
 Very difficult

15. 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

16. In what room does your child sleep for most of the night?

- In his/her own room
 In sibling's or other bedroom
 In parent's room
 In another room of the house

17. Where does your child sleep for most of the night?

- | | |
|--|---|
| <input type="checkbox"/> Crib | <input type="checkbox"/> Bassinet/infant seat |
| <input type="checkbox"/> Own bed (any size) | <input type="checkbox"/> Swing/stroller |
| <input type="checkbox"/> Parent's bed | <input type="checkbox"/> Other |
| <input type="checkbox"/> Co-sleeper (attached to parents' bed) | |

18. In what position does your child sleep most of the time?

- On his/her belly On his/her side On his/her back

19. How many times does your child usually wake during the night?

_____ times per night

20. When your child wakes up during the night, what do you do?

(please check "yes" or "no" for each item)

	Yes	No
My child does not wake up during the night		
Pick up my child and hold/rock him/her until child falls asleep		
Pick up my child and put him/her back down while child is still awake		
Rub or pat my child but do not pick up or take out of crib/bed		
Lie next to my child in his/her room/bed		
Bottle feed or use sippy cup to put child back to sleep		
Breastfeed/nurse child back to sleep		
Give my child a pacifier		
Change diaper		
Comfort my child verbally but don't pick child up or take child out of crib/bed		
Bring child into my bed		
Let my child cry and fall back to sleep by him/herself		
Give my child a few minutes to see if he/she falls back to sleep		
Play with my child, watch TV, or use/show smartphone/tablet		
Sing to child		

21. Who responds when your child wakes up during the night?

- Only mother
- Usually mother
- Mother and father/partner equally
- Usually father/partner
- Only father/partner
- Usually someone else

22. 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

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

_____ hours
_____ minutes

24. Does your child snore during sleep?

- Never (or only when sick or have a cold)
- Only occasionally
- Less than 3 times a week
- 3 times a week or more

25. What time does your child wake up in the morning?

Example 8:20AM would be 8 o'clock and 20 minutes

_____ o'clock
_____ minutes

26. 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

27. Where does your child usually wake up in the morning?

- Crib
- Bassinet/infant seat
- Own bed (any size)
- Swing/stroller
- Parent's bed
- Other
- Co-sleeper (attached to parents' bed)

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

- Very well
- Well
- Fairly well
- Poorly
- Very poorly

29. How would you rate your child's mood when he/she wakes up in the morning?

- Very happy
- Somewhat happy
- Neutral
- Somewhat fussy
- Very fussy

30. On a typical DAY, how many naps does your child take (between 8 in the morning and 7 in the evening)?

_____ naps

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

Example: if your child took 2 naps and slept 1 hour each time, your child's total time spent sleeping during the day is 2 hours.

_____ hours
_____ minutes

32. 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

33. How confident do you feel about managing your child's sleep?

- Very confident
- Somewhat confident
- Neutral
- Somewhat unsure
- Very unsure

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

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