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)
   □ Bath  □ Brush teeth
   □ Massage  □ Play
   □ Read books/being read to  □ Cuddle
   □ Rocked  □ Say prayers
   □ Watch television  □ Sing songs
   □ Have dinner or a snack  □ Listen to music
   □ Have a bottle, drink, or nurse  □ Use or watch smartphone or tablet
   □ Run around  □ 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?
   - [ ] 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

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?

   □ Crib       □ Bassinet/infant seat
   □ Own bed (any size) □ Swing/stroller
   □ Parent’s bed       □ Other
   □ 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)

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

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

☐ Own bed (any size)

☐ Parent’s bed

☐ Co-sleeper (attached to parents’ bed)

☐ Bassinet/infant seat

☐ Swing/stroller

☐ Other

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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