

Brief Infant Sleep Questionnaire – Revised

Please answer a few questions about your family.

1. What is your relationship to your child?

- Mother Grandparent
 Father Other

2. What is the highest degree that you completed?

- Less than high school/secondary
 High school/secondary
 College/university
 Graduate (e.g., MS, MD, JD, Ph.D.)
 Prefer not to answer

3. How old is your child (in months)?

_____months

4. Was your child premature (born before 37 weeks' gestation)?

- Yes
 No
 I don't know

5. My child's biological sex is

- Male
 Female
 Intersex

6. In which country/region do you currently reside?

Country/region: _____

7. How many nights per week are you involved with your child at bedtime and/or overnight?

- 0 1 2 3 4 5 6 7 nights

Please think about your child's sleep during the past two weeks in answering the following questions.

1. What time do you usually start your child's bedtime routine (start getting your child ready for bed)?

Example: 7:45 PM would be written as _____7_:45_PM

I start getting my child ready for bed at _____:_____

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"/> Rock | <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, tablet, or other electronics |
| <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 parents' 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"/> Parents' 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
- Two parents 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: 8:30 PM would be written as ____8__:_30_PM

I put my child to bed at _____:_____

13. In a typical week, how often does your child have the same bedtime (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 6:30 pm and your child falls asleep at 8:00 pm, it takes 1 hour and 30 minutes for your child to fall asleep.

_____ hours
_____ minutes

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

- | | |
|--|--|
| <input type="checkbox"/> In his/her own room | <input type="checkbox"/> In sibling's or other bedroom |
| <input type="checkbox"/> In parents' room | <input type="checkbox"/> 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"/> Parents' 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?

- | | | |
|---|--|--|
| <input type="checkbox"/> On his/her belly | <input type="checkbox"/> On his/her side | <input type="checkbox"/> 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 usually do?
(check all that apply)**

- | | |
|--|---|
| <input type="checkbox"/> Pick up my child and hold/rock him/her until child falls asleep | <input type="checkbox"/> Change diaper |
| <input type="checkbox"/> Pick up my child and put him/her back down while still awake | <input type="checkbox"/> Comfort my child verbally but don't pick up my child or take out of crib/bed |
| <input type="checkbox"/> Rub or pat my child but do not pick up or take out of crib/bed | <input type="checkbox"/> Bring child into my bed |
| <input type="checkbox"/> Lie next to my child in his/her room/bed | <input type="checkbox"/> Let my child cry and fall back to sleep by him/herself |
| <input type="checkbox"/> Bottle feed or give a sippy cup to put my child back to sleep | <input type="checkbox"/> Give my child a few minutes to see if he/she falls back to sleep |
| <input type="checkbox"/> Breastfeed/nurse my child back to sleep | <input type="checkbox"/> Play with my child, watch TV, or use/show smartphone/tablet |
| <input type="checkbox"/> Give my child a pacifier | <input type="checkbox"/> Sing to my child |
| | <input type="checkbox"/> None of these |

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

- Only mother
- Usually mother
- Two parents equally
- Usually father/partner
- Only father/partner
- Usually someone else

22. How much total time during the NIGHT is your child usually awake (between when your child goes to bed and wakes for the day)?

Example: If your child wakes up 2 times and is awake for about 15 minutes each time, your child's total time spent awake is 30 minutes. In that case, write "0 hours, 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 has 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?

My child wakes up at _____:_____

26. How much total time does your child spend sleeping during the NIGHT (between when your child goes to bed and wakes for the day)?

Example: If your child sleeps for 3 hours, wakes up, then sleeps for 5 hours and 30 minutes more, your child sleeps for 8 hours and 30 minutes total.

_____ hours
_____ minutes

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

- Crib
- Bassinet/infant seat
- Own bed (any size)
- Swing/stroller
- Parents' 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 when your child wakes for the day and goes to bed at night)?

_____ naps

31. How much total time does your child spend sleeping during the DAY (between when your child wakes for the day and goes to bed at night)?

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