

# **Brief Infant Sleep Questionnaire – Revised**

## **Short Form**

**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. 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?**

- |  |  |
|--|--|
| <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                 |

**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: 8:30 PM would be written as \_\_\_\_8\_\_:30\_PM*

I put my child to bed at \_\_\_\_\_:\_\_\_\_\_

**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 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

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

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

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

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

**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 usually do? (check all that apply)**

- Pick up my child and put him/her back down while still awake
- Breastfeed/nurse my child back to sleep
- Bottle feed or give a sippy cup to put my child back to sleep
- Play with my child, watch TV, or use/show smartphone/tablet
- None of these

**13. 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

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

\_\_\_\_\_ hours  
\_\_\_\_\_ minutes

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

My child wakes up at \_\_\_\_\_:\_\_\_\_\_

**16. 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

**17. How well does your child usually sleep at night?**

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

**18. 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

**19. 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

**20. 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