Child's Name:_____ Child's Date of Birth:_____ Child's Age:_____

Date form completed:_____ Who filled out form? Mom or Dad (please circle)

Child's Sleep Habits Questionnaire (CSHQ)

The following statements are about your child's sleep habits and possible difficulties with sleep. Think about the past week in your child's life when answering these questions. If last week was unusual for a specific reason (such as your child had an ear infection and did not sleep well or the TV set was broken), choose the most recent typical week. Answer USUALLY if something occurs 5 or more times in a week; answer SOMETIMES if it occurs 2-4 times in a week; answer RARELY if something occurs never or 1 time during a week. Also please indicate whether or not the sleep habit is a problem by circling "YES", "NO", or "Not Applicable (N/A)".

Bedtime

Write in child's bedtime: week nights_____ weekends_____

	Usually (5-7)	Sometimes (2-4)	Rarely (0-1)	Problem?		
Child goes to sleep at the same time at night	☐	☐	☐	Yes	No	N/A
Child falls asleep within 20 minutes after going to bed	☐	☐	☐	Yes	No	N/A
Child falls asleep in own bed	☐	☐	☐	Yes	No	N/A
Child fall's asleep in sibling's bed	☐	☐	☐	Yes	No	N/A
Child falls asleep with rocking or rhythmic movements	☐	☐	☐	Yes	No	N/A
Child needs special object to fall asleep (doll, special blanket, etc.)	☐	☐	☐	Yes	No	N/A
Child needs parent in room to fall asleep	☐	☐	☐	Yes	No	N/A
Child is ready to go to bed at bedtime	☐	☐	☐	Yes	No	N/A
Child resists going to bed at bedtime	☐	☐	☐	Yes	No	N/A
Child struggles at bedtime (cries, refuses to stay in bed, etc.)	☐	☐	☐	Yes	No	N/A
Child is afraid of sleeping in the dark	☐	☐	☐	Yes	No	N/A
Child is afraid of sleeping alone	☐	☐	☐	Yes	No	N/A

Sleep Behavior

Child's usual amount of sleep each day: week days _____ hours and _____ minutes
(combining nighttime sleep and naps) weekends _____ hours and _____ minutes

	Usually (5-7)	Sometimes (2-4)	Rarely (0-1)	Problem?		
Child sleeps too little	☐	☐	☐	Yes	No	N/A
Child sleeps too much	☐	☐	☐	Yes	No	N/A
Child sleeps the right amount	☐	☐	☐	Yes	No	N/A
Child sleeps about the same amount each day	☐	☐	☐	Yes	No	N/A

Sleep Behavior (Cont.)

	Usually (5-7)	Sometimes (2-4)	Rarely (0-1)	Problem?		
Child wets the bed at night	☐	☐	☐	Yes	No	N/A
Child talks during sleep	☐	☐	☐	Yes	No	N/A
Child is restless and moves a lot during sleep	☐	☐	☐	Yes	No	N/A
Child sleepwalks during the night	☐	☐	☐	Yes	No	N/A
Child moves to someone else's bed during the night (parent, brother, sister, etc.)	☐	☐	☐	Yes	No	N/A
Child reports body pains during sleep. If so, where? _____	☐	☐	☐	Yes	No	N/A
Child grinds teeth during sleep (your dentist may have told you this)	☐	☐	☐	Yes	No	N/A
Child snores loudly	☐	☐	☐	Yes	No	N/A
Child seems to stop breathing during sleep	☐	☐	☐	Yes	No	N/A
Child snorts and/or gasps during sleep	☐	☐	☐	Yes	No	N/A
Child has trouble sleeping away from home (visiting relatives, vacation)	☐	☐	☐	Yes	No	N/A
Child complains about problems sleeping	☐	☐	☐	Yes	No	N/A
Child awakens during night screaming, sweating, and inconsolable	☐	☐	☐	Yes	No	N/A
Child awakens alarmed by a frightening dream	☐	☐	☐	Yes	No	N/A

Waking During the Night

	Usually (5-7)	Sometimes (2-4)	Rarely (0-1)	Problem?		
Child awakes once during the night	☐	☐	☐	Yes	No	N/A
Child awakes more than once during the night	☐	☐	☐	Yes	No	N/A
Child returns to sleep without help after waking	☐	☐	☐	Yes	No	N/A

Write in the number of minutes a night that waking usually lasts:_____

Morning Waking

Write in the time of day child usually wakes in the morning: weekdays_____ weekends_____

	Usually (5-7)	Sometimes (2-4)	Rarely (0-1)	Problem?		
Child wakes up by him/herself	☐	☐	☐	Yes	No	N/A
Child wakes up with alarm clock	☐	☐	☐	Yes	No	N/A
Child wakes up in negative mood	☐	☐	☐	Yes	No	N/A
Adults or siblings wake up child	☐	☐	☐	Yes	No	N/A
Child has difficulty getting out of bed in the morning	☐	☐	☐	Yes	No	N/A

Morning Waking (Cont.)

	Usually (5-7)	Sometimes (2-4)	Rarely (0-1)	Problem?		
Child takes a long time to become alert in the morning	☐	☐	☐	Yes	No	N/A
Child wakes up very early in the morning	☐	☐	☐	Yes	No	N/A
Child has a good appetite in the morning	☐	☐	☐	Yes	No	N/A

Daytime Sleepiness

	Usually (5-7)	Sometimes (2-4)	Rarely (0-1)	Problem?		
Child naps during the day	☐	☐	☐	Yes	No	N/A
Child suddenly falls asleep in the middle of active behavior	☐	☐	☐	Yes	No	N/A
Child seems tired	☐	☐	☐	Yes	No	N/A

During the past week your child has appeared sleepy or fallen asleep during the following (check all that apply):

	Very Sleepy	Falls Asleep
Dressing	☐	☐
Playing alone	☐	☐
Playing with others	☐	☐
Watching TV	☐	☐
Riding in a car	☐	☐
Eating meals	☐	☐
Going to the bathroom	☐	☐