

24-hour sleep-history questionnaire

Getting to sleep at night

Who puts the child to bed? _____

Where and when does the child fall asleep (eg, own room, parents' bed, other child's bed; when being rocked, nursed, fed)? _____

Does the child need a bottle, pacifier, or special object to fall asleep? _____

Is the child put into bed awake or asleep? _____

If there is a bedtime ritual, please describe. _____

If the child uses sleep medication, please list. _____

Who else sleeps in the child's room? _____

Describe an average evening, from dinnertime to bedtime. _____

Nighttime behavior	Yes	No	Morning behavior	Yes	No
Talks in sleep	_____	_____	Awakens looking tired	_____	_____
Walks in sleep	_____	_____	Awakens irritable and in a bad mood	_____	_____
Bangs head or rocks in sleep	_____	_____	Difficult to awaken in the morning	_____	_____
Grinds teeth or bites tongue in sleep	_____	_____			
Jerks arms or legs in sleep	_____	_____	Daytime behavior		
Snores	_____	_____	Appears to be drowsy	_____	_____
Seems to stop breathing during sleep	_____	_____	Has irresistible urges to sleep		
Seems to have labored or difficult breathing during sleep	_____	_____	during the day	_____	_____
Wets bed during sleep	_____	_____	Falls asleep at inappropriate times		
Awakens during night complaining of nightmares and can relate details	_____	_____	during the day	_____	_____
Awakens during night screaming in terror, but is difficult to awaken fully	_____	_____	Naps during the day	_____	_____
Awakens during night to get a drink	_____	_____	Muscles become weak in response		
Awakens during night to be changed or go to the bathroom	_____	_____	to laughter, crying, anger, or surprise	_____	_____
Awakens during night and goes to parents' bedroom	_____	_____			
Has seizures or convulsions during sleep	_____	_____			

Sleep log

Child's name _____
 Child's birth date _____

Example:
 Date Day

1	
2	

Shade in the periods when your child is asleep.

Mark the time your child gets up in the morning and after naps with upward arrows.
 Mark your child's bedtime and nap times with downward arrows.

Date	Day	Mid- night	2 AM	4 AM	6 AM	8 AM	10 AM	Noon	2 PM	4 PM	6 PM	8 PM	10 PM	Mid- night