Older Child/Adolescent Sleep Habits Questionnaire
(Parent Report)

_____
Coding

Read by examiner _____

For examiner: R = REVERSE SCORING **Read by parent _____**

The following questions are about your child's sleep habits and possible difficulties with sleep. The examiner will explain the form and will read the questions aloud if you wish. Please mark your answer to each question in the box or space provided. There are no right or wrong answers. Please ask if you do not understand a question. Thank you!

1. Who in your family sets the rules about when your child goes to bed?

   ☐ Mom ☐ Dad ☐ Child ☐ Other: _____

2. Do you think your child has trouble sleeping? ☐ Yes, a lot ☐ Some ☐ No, not at all

3 a. Write in your son/daughter's *bedtime* on a typical school/weekday night: _____

b. Write in your son/daughter's *bedtime* on a typical non-school/weekend night: _____

4 a. Write in your son/daughter's *waketime* on a typical school/weekday night: _____

b. Write in your son/daughter's *waketime* on a typical non-school/weekend night: _____

5 a. On an average school night, does your child sleep: ☐ Too little ☐ The right amount ☐ Too much

b. On an average non-school night, does your child sleep: ☐ Too little ☐ The right amount ☐ Too much

Think about the past 2 weeks in your child's life when answering the following questions. If the last 2 weeks were unusual for a specific reason (such as your child was ill and did not sleep well), choose the most recent typical 2 week period. Answer USUALLY if something occurs almost every day of the week (**6 or more times** in a week); answer SOMETIMES if it occurs several times a week (**3-5 times** in a week); answer RARELY if something occurs **1 to 2 times** in a week or never (**0 times** in a week).

BEDTIME Does your child:	**(3) Usually (6-7 x/ Week)**	**(2) Sometimes (3-5 x/ Week)**	**(1) Rarely (1- 2 x/ Week)**	**(0) Never (0 x/ Week)**	**Don't Know**
6. Share a bedroom	☐	☐	☐	☐	☐
7. Share a bed					
8. Have a bedtime routine **(R)**					
9. Go to bed at the same time every night **(R)**	☐	☐	☐	☐	☐
10. Seem ready to go to bed at his/her usual bedtime **(R)**	☐	☐	☐	☐	☐
11. Resist going to bed at bedtime	☐	☐	☐	☐	☐
12. Take more than 30 minutes to fall asleep after "lights out"	☐	☐	☐	☐	☐
13. Fall asleep within 5-10 minutes after "lights out"	☐	☐	☐	☐	☐
14. Take any over-the-counter, prescription medications or natural products to help him/her fall asleep If yes, which one(s) _____	☐	☐	☐	☐	☐
15. Need a parent/sibling present to fall asleep	☐	☐	☐	☐	☐
16. Seem afraid of sleeping in the dark or of sleeping alone	☐	☐	☐	☐	☐

17. Have a television set in the bedroom					
18. Have a computer in the bedroom					
19. Need TV or music on to fall asleep	☐	☐	☐	☐	☐
20. Need to move his/her legs and/or complain of uncomfortable feelings in legs at bedtime	☐	☐	☐	☐	☐

SLEEP BEHAVIOR Does your child:	**(3) Usually (6-7/ Week)**	**(2) Sometimes (3-5 / Week)**	**(1) Rarely (1- 2 x/ Week)**	**(0) Never (0 x/ Week)**	**Don't Know**
21. Sleep about the same amount each night **(R)**	☐	☐	☐	☐	☐
22. Talk during sleep	☐	☐	☐	☐	☐
23. Have nightmares	☐	☐	☐	☐	☐
24. Seem unusually restless, twitch/jerk, or move around a lot during sleep		☐	☐	☐	☐
25. Sleepwalk during the night	☐	☐	☐	☐	☐
26. Report body pains at night If so, where is the pain? _____	☐	☐	☐	☐	☐
27. Grind his/her teeth during sleep	☐	☐	☐	☐	☐
28. Snore loudly	☐	☐	☐	☐	☐
29. Seem to stop breathing during sleep	☐	☐	☐	☐	☐
30. Sweat during sleep	☐	☐	☐	☐	☐
31. Report seeing or hearing things while falling asleep	☐	☐	☐	☐	☐
32. Report being unable to move while falling asleep	☐	☐	☐	☐	☐
33. Have trouble sleeping away from home (visiting relatives, vacation)	☐	☐	☐	☐	☐

WAKING DURING THE NIGHT

Does your child:

34. Wake up during the night	☐	☐	☐	☐	☐
If so, how many times per night? _____ How many minutes does a night waking usually last? _____					
35. Return to sleep without help after waking **(R)**	☐	☐	☐	☐	☐
36. Move to someone else's bed during the night (parent, sibling, etc.)	☐	☐	☐	☐	☐
37. Get up and wanders around at night when others are asleep	☐	☐	☐	☐	☐
38. Lay awake at night worrying	☐	☐	☐	☐	☐

MORNING WAKING

Does your child:

39. Wake up by him/herself on schooldays/weekday	☐	☐	☐	☐	☐

mornings **(R)**

	(3) Usually (6-7 x/ Week)	(2) Sometimes (3-5 x/ Week)	(1) Rarely (0-2 x/ Week)	(0) Never (0 x/ Week)	Don't Know
40. Wake up by him/herself on non-schoolday/weekend mornings (R)					
41. Wake up unusually early, before the normal wake-up time	☐	☐	☐	☐	☐
42. Wake up irritable or in a negative mood	☐	☐	☐	☐	☐
43. Need to be awakened by adults/siblings or alarm clock	☐	☐	☐	☐	☐
44. Have a lot of difficulty getting out of bed in the morning	☐	☐	☐	☐	☐
45. Take a long time to become alert in the morning	☐	☐	☐	☐	☐

SLEEP HABITS

Does your child:

46. Drink caffeine products	☐	☐	☐	☐	☐
47. Smoke or use tobacco	☐	☐	☐	☐	☐
48. Exercise regularly **(R)**	☐	☐	☐	☐	☐
49. Exercise just before bed	☐	☐	☐	☐	☐
50. Have regular meal times **(R)**	☐	☐	☐	☐	☐

DAYTIME SLEEPINESS

Does your child:

51. Complain of being tired during the day	☐	☐	☐	☐	☐
52. Nap during the day	☐	☐	☐	☐	☐
53. Seem to feel rested after a night's sleep **(R)**	☐	☐	☐	☐	☐

54. **During the past week, how often has your son/daughter been very sleepy or fallen asleep during the following activities (check all that apply):**

	(3) Often (6-7 x/week)	(2) Sometimes (3-5 x/week)	(1) Rarely (1 x/week)	(0) Never (0 x/ Week)	Don't Know
a. Playing video games	☐	☐	☐	☐	☐
b. On the computer	☐	☐	☐	☐	☐
c. Doing homework or reading	☐	☐	☐	☐	☐
d. Sitting in class	☐	☐	☐	☐	☐
e. At his/her job	☐	☐	☐	☐	☐
f. Watching TV	☐	☐	☐	☐	☐
g. While eating	☐	☐	☐	☐	☐
h. During a conversation	☐	☐	☐	☐	☐