

Short-Form Children Sleep Habits Questionnaire (SF-CSHQ)

Please note: The SF-CSHQ has 23-items vs. the original 33-item CSHQ. The SF-CSHQ does not include items pertaining to parasomnias (n=7) or sleep-disordered breathing (n=3) from the original CSHQ. The SF-CSHQ, like the original CSHQ is a screener. A SF-CSHQ score ≥ 30 indicates some risk for a behavioral sleep problem.

Instructions:

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 the 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 (5-7x/week); answer SOMETIMES if it occurs **2-4 times** in a week (2-4x/ week); answer RARELY if something occurs **never or 1 time** during a week (0-1x/ week). Also, please indicate whether or not the sleep habit is a problem by circling "Yes," "No," or "Not applicable (N/A).

Bedtime

| | 3 Usually (5-7x / week) | 2 Sometimes (2-4x / week) | 1 Rarely (0-1x / week) | Problem? | | |
|---|-------------------------------|---------------------------------|------------------------------|----------|----|-----|
| 1. Child goes to bed at the same time at night | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 2. Child falls asleep within 20 minutes after going to bed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 3. Child falls asleep alone in own bed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 4. Child falls asleep in parent's or sibling's bed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 5. Child needs parent in the room to fall asleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 6. Child struggles at bedtime (cries, refuses to stay in bed, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 7. Child is afraid of sleeping in the dark | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 8. Child is afraid of sleep alone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |

Sleep Behavior

| | 3 | 2 | 1 | Problem? | | |
|---|--------------------------|----------------------------|--------------------------|----------|----|-----|
| | Usually (5-7x / week) | Sometimes (2-4x / week) | Rarely (0-1x / week) | Yes | No | N/A |
| 9. Child sleeps too little | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 10. Child sleeps the right amount | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 11. Child sleeps about the same amount each day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 12. Child moves to someone else's bed during the night (parents, brother, sister, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 13. Child has trouble sleeping away from home (visiting relatives, vacation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |

Walking During the Night

| | 3 | 2 | 1 | Problem? | | |
|--|--------------------------|----------------------------|--------------------------|----------|----|-----|
| | Usually (5-7x / week) | Sometimes (2-4x / week) | Rarely (0-1x / week) | Yes | No | N/A |
| 14. Child awakes once during the night | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 15. Child awakes more than once during the night | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |

Morning Waking

| | 3 Usually (5-7x / week) | 2 Sometimes (2-4x / week) | 1 Rarely (0-1x / week) | Problem? | | |
|--|--|--|---------------------------------------|-----------------|----|-----|
| 16. Child wakes up by him/herself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 17. Child wakes up in negative mood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 18. Adults or siblings wake up child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 19. Child has difficulty getting out of bed in the morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |
| 20. Child takes a long time to become alert in the morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |

Daytime Sleepiness

| | 3 Usually (5-7x / week) | 2 Sometimes (2-4x / week) | 1 Rarely (0-1x / week) | Problem? | | |
|-----------------------|--|--|---------------------------------------|-----------------|----|-----|
| 21. Child seems tired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | N/A |

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

| | 1 Not Sleepy | 2 Very Sleepy | 3 Falls Asleep |
|-------------------|--------------------------|--------------------------|---------------------------|
| 22. Watching TV | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Riding in car | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |