



*Constance Lewis*  
PEDIATRIC SLEEP CONSULTANT

# Older Child Questionnaire

I'd like to ask you to take a few minutes and answer some questions about your child before we talk in person. This will help me prepare for our meeting, and will let us make the best use of our time together. There are quite a few questions, but most can be answered in just a word or two, so please don't be intimidated.

Answer the questions below in the space provided and then send the document back to me at least 1 to 2 days before our meeting. My email address is [Constance@womenandbabies.net.com](mailto:Constance@womenandbabies.net.com)

## **About your Child**

What is your child's name?

Age and date of birth?

Names of parents and any other caregivers?

Name and age of any siblings?



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Are there any health concerns?

Is your child on any medication?

Does your child have any food allergies or sensitivities?

How would you rate your child's eating habits? (picky eater, healthy appetite, only eat same 5 things..)

How much juice or milk does your child consume in a day?

What would an average day of food consumption look like?



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What time is dinner?

Does your child have any snacks right before bed? If so, what?

Are there any developmental delays or concerns about your child?

Are there any behavioral issues or concerns?

What other activities or sports does your child do in the week?

Are there any concerns with your child's communication skills?



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How does your child respond to instruction or discipline from you and/or others?

How does your child handle transitions from one activity to another?

How does your child respond to stress?

## **Sleep Questions:**

Does your child snore or is he/she a heavy mouth breather?

What time does your child start the day?



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What happens currently?

Where does your child sleep, and do they share a room with anyone?

On a scale of one to ten, with ten being extremely dark, how dark is your child's room at bedtime and through the night?

Where and when does your child watch TV?

Where and when does your child play on any other sorts of electronic devices?

Does your child ever take a daytime nap? If so, when and where?



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What time do you start the bedtime routine?

What are the steps of the routine?

What is the scenario when your child is falling asleep?

What time is he/she actually asleep?

What happens throughout the night? Best and worst-case scenarios

Was there a time when your child did sleep well, and things changed?



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## **Parent History:**

What are the most frustrating or difficult issues for you around your child's current sleep habits?

What would be your number 1 sleep goal?

Has your family experienced any major life changes or traumas that could be affecting your child?

Is there a family history of depression or anxiety disorders?

Are there any schedule challenges with getting your child to bed on time?



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Are there any concerns or worries about getting your child to sleep well?

Is everyone in the household committed to seeing your child sleep well and on his/her own?

Is there anything else you'd like to share with me that you think I should know before we meet?

Please provide your mailing address and phone number.

That's it! Thanks so much for getting this back to me, and I look forward to our meeting!