SLEEP HISTORY QUESTIONNAIRE

**Date:**

**Name of parent/s:**

**Name of child:**

**Date of birth:**

**Address:**

**Contact phone number:**

**Email contact:**

**Name and ages of siblings:**

**Any pregnancy complications?**

**Weight at birth:**

**Any birth complications?**

**Type of delivery?**

**Do you have any health concerns in relation to your child? If yes please detail:**

**How do you get your child to fall asleep currently? Are there any sleep associations (e.g. rocking, feed to sleep, cuddling, dummy, singing etc)?**

**Do you have a bedtime routine? If yes what do you do?**

**If applicable is your child breast, bottle or combination fed?**

**Please write down your child’s approximate feed/meal times in 24 hours:**

**Is your child generally a good eater/feeder?**

**Where does your child sleep for their naps and at night?**

**Please give a brief overview of your child’s sleep problem/issue and what methods you have tried so far to alleviate this?**

**Please explain how the problem/issue affects you, your child and the rest of your family?**

**Please detail what your goals are regarding your child’s sleep?**

**Daily Routine (please keep a diary for 3 days) - give as much detail as you like:**

|  |  |  |  |
| --- | --- | --- | --- |
| DIARY | DAY 1 | DAY 2 | DAY 3 |
| Time he/she is awake in the morning |  |  |  |
| Time and length of nap(s) in the day |  |  |  |
| Time starting preparation for bed in the evening |  |  |  |
| Time went to bed in the evening |  |  |  |
| Who put him/her to bed? |  |  |  |
| Time he/she went to sleep?  |  |  |  |

**I,** (*name*), **agree for *40 WINKS surrey sleep consultant* to receive and store my information under GDPR regulations.**

**Signed:**

**Date:**