SLUMBRS2 Sleep Questionnaire

Study ID: |__|__|__|__|__|__|

Date of completion |__|__| / |__|__| / 20|__|__|

Below are some questions we would like to ask you about your baby's sleeping habits. This questionnaire is divided into two parts, general questions and more specific questions. Please tick the response that best describes your baby. It should take about 10 minutes to fill in.

General questions

1. Have you been given information about what position to place your baby in whilst asleep?

☐ Yes ☐ No

2. If yes to question 1, what advice were you given about the best position to put your baby to sleep? ☐ Not applicable

☐ On their back ☐ On their side ☐ On their front

☐ Other, please describe:

_____

_____

3. Who gave you this information?

☐ Nurse ☐ Doctor ☐ Someone who is not a health care professional, e.g., family friend

☐ Other (specify):

4. How was that information given to you (you can choose more than one answer)?

☐ Verbally ☐ Pamphlet / leaflet ☐ Email

☐ Facebook ☐ Online forum

5. If written information was given, was this about? ☐ Not applicable

☐ Sleeping position for babies in general ☐ Sleeping position in babies with cleft palate

6. If verbal information was given, was this about? ☐ Not applicable

☐ Sleeping position for babies in general ☐ Sleeping position in babies with cleft palate

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7. In general, do you think your baby has good quality sleep?

☐ Yes ☐ No

8. Is your baby fed

☐ Breast milk ☐ Formula milk ☐ Combined breast milk / formula feeding

9. Does your baby have medicine for gastric / stomach / acid reflux? (e.g. Gaviscon, Ranitidine, Omeprazole, Domperidone)

☐ Yes ☐ No

If yes, please specify: _____

10. Has your baby had any difficulty in gaining weight?

☐ Yes ☐ No

a) If yes, what advice was given to you about your baby's weight and who gave you the advice?

_____

_____

b) What action (if any) did you take?

_____

_____

11. Is your baby receiving any nutritional supplements?

☐ Yes ☐ No

If yes, please specify: _____

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Specific Questions

For each of the following questions please tick the most appropriate answer to describe your baby's sleep (either during the daytime or at night).

12. Does your baby have difficulty breathing when they are asleep?

Every day	Frequently (more than 3 days per week)	Sometimes (3 days or less per week)	Occasionally (every 1 – 2 weeks)	Only when they have a cold	Never
☐	☐	☐	☐	☐	☐

13. Does your baby stop breathing for periods or have pauses in their breathing during sleep?

Every day	Frequently (more than 3 days per week)	Sometimes (3 days or less per week)	Occasionally (every 1 – 2 weeks)	Only when they have a cold	Never
☐	☐	☐	☐	☐	☐

14. Does your baby snore / make a noise when they are asleep?

Every day	Frequently (more than 3 days per week)	Sometimes (3 days or less per week)	Occasionally (every 1 – 2 weeks)	Only when they have a cold	Never
☐	☐	☐	☐	☐	☐

15. Does your baby make snoring noises while they are awake?

Every day	Frequently (more than 3 days per week)	Sometimes (3 days or less per week)	Occasionally (every 1 – 2 weeks)	Only when they have a cold	Never
☐	☐	☐	☐	☐	☐

16. How would you describe your baby's sleep?

Poor / restless	Sometimes restless	Mostly peaceful	Peaceful
☐	☐	☐	☐

17. If you described your baby's sleep as being poor / restless or sometimes restless, how often is this? ☐ Not applicable

Every day	Frequently (more than 3 days per week)	Sometimes (3 days or less per week)	Occasionally (every 1 – 2 weeks)	Only when they have a cold	Never
☐	☐	☐	☐	☐	☐

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18. Do you regularly have to change your baby's sleeping position to help them sleep easier?

☐ Yes ☐ No

19. If yes, what position helps your baby sleep easier?

☐ On their back ☐ On their side ☐ On their front

☐ Other (specify):

20. Does your baby sleep with a dummy?

☐ Yes ☐ No

21. Is there anything else you would like to tell us about your baby's sleep?