**Appendix 1 –** BISQ Questionnaire.

Please select only one option when you answer the questions that have more than one possible answer.

Name of interviewee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to child: ( ) Father, ( ) Mother, ( ) Grandparent, ( ) Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_

Gender: ( ) Male, ( ) Female

Birth order: ( ) Oldest child ( ) Middle child, ( ) Youngest child

Sleep arrangements:

( ) Crib in a separate room

( ) Crib in the parents' room

( ) In the parents' bed

( ) Crib in the room with siblings

Others (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what position does your child sleep most of the time?

( ) On his/her belly

( ) On his/her side

( ) On his/her back

How long does your child sleep during the NIGHT (between 7 PM and 7 AM)? Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_\_

How long does your child sleep during the DAY (between 7 AM and 7 PM)? Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_\_

Mean number of times your child wakes up a night:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During the night (between 10 PM and 6 AM), how long does your child stay awake?

Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_\_

How long does it take you to make your child fall asleep at night?

Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_\_

How does your baby fall asleep?

( ) While being fed

( ) While being rocked

( ) While being held

( ) Alone in his/her crib/bed

( ) In his/her bed near the parents

At what time does your child usually fall asleep at night?

Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_\_

Do you consider your child’s sleep a problem?

( ) A severe problem

( ) Not a very severe problem

( ) Does not consider it a problem

Source: Figure translated/adapted from Nunes et al.[19]