

The Family Assessment of Chronotype and Schedule was created by Amy Janis and Dr. A.J Schwichtenberg at Purdue University. For more information, or to use the measure, please contact Amy Janis at ajanis@purdue.edu.

This questionnaire aims to understand how you and the rest of your family coordinate and schedule sleep. Please identify members of the household with their first name (or nickname).

1. How many children (under 18) live in your home? Note: Please list your youngest child between 4-24 months old first. _____

| | First name or nickname | Birth Date | Sex | Race and Ethnicity |
|---------|------------------------|------------|-------|--------------------|
| Child 1 | _____ | _____ | _____ | _____ |
| Child 2 | _____ | _____ | _____ | _____ |
| Child 3 | _____ | _____ | _____ | _____ |

2. How many adults live in your home including you? _____

| | First name or nickname | Birth Date | Sex | Race and Ethnicity |
|---------|------------------------|------------|-------|--------------------|
| You | _____ | _____ | _____ | _____ |
| Adult 2 | _____ | _____ | _____ | _____ |
| Adult 3 | _____ | _____ | _____ | _____ |

| | Relationship to [target child] | Relationship to you |
|---------|---|---|
| You | <ul style="list-style-type: none"> <input type="radio"/> Biological mother <input type="radio"/> Other biological relative <input type="radio"/> Co-parent (non-biological) <input type="radio"/> Other | <ul style="list-style-type: none"> <input type="radio"/> Partner/spouse/Co-parent <input type="radio"/> Biological Relative <input type="radio"/> Non-Biological Relative <input type="radio"/> Friend <input type="radio"/> Other |
| Adult 1 | <ul style="list-style-type: none"> <input type="radio"/> Biological father <input type="radio"/> Other biological relative <input type="radio"/> Co-parent (non-biological) <input type="radio"/> Other | <ul style="list-style-type: none"> <input type="radio"/> Partner/spouse/Co-parent <input type="radio"/> Biological Relative <input type="radio"/> Non-Biological Relative <input type="radio"/> Friend <input type="radio"/> Other |
| Adult 2 | <ul style="list-style-type: none"> <input type="radio"/> Biological father <input type="radio"/> Other biological relative <input type="radio"/> Co-parent (non-biological) <input type="radio"/> Other | <ul style="list-style-type: none"> <input type="radio"/> Partner/spouse/Co-parent <input type="radio"/> Biological Relative <input type="radio"/> Non-Biological Relative <input type="radio"/> Friend <input type="radio"/> Other |

WORK DAYS/NIGHTS

3. Please answer the following questions for your family's sleep on WORK days (i.e., on days/nights when you have an set schedule to follow).

| | Typical Fall Asleep Time | Minutes in 'sleep location' before falling asleep | Typical wake up time | Minutes in 'sleep location' before getting up |
|---------|-----------------------------|---|-------------------------|---|
| Child 1 | ____:____ | _____ | ____:____ | _____ |
| Child 2 | ____:____ | _____ | ____:____ | _____ |
| Child 3 | ____:____ | _____ | ____:____ | _____ |
| You | ____:____ | _____ | ____:____ | _____ |
| Adult 1 | ____:____ | _____ | ____:____ | _____ |
| Adult 2 | ____:____ | _____ | ____:____ | _____ |

FREE DAYS/NIGHTS

4. Please answer the following questions for your family's sleep on FREE days (i.e., on days WITHOUT an external schedule)

| | Typical Fall Asleep Time | Minutes in 'sleep location' before falling asleep | Typical wake up time | Minutes in 'sleep location' before getting up |
|---------|-----------------------------|---|-------------------------|---|
| Child 1 | ____:____ | _____ | ____:____ | _____ |
| Child 2 | ____:____ | _____ | ____:____ | _____ |
| Child 3 | ____:____ | _____ | ____:____ | _____ |
| You | ____:____ | _____ | ____:____ | _____ |
| Adult 1 | ____:____ | _____ | ____:____ | _____ |
| Adult 2 | ____:____ | _____ | ____:____ | _____ |

IDEAL DAYS/NIGHTS

5. If your family members had an ideal sleep schedule with no alarms or schedule, what time(s) would they sleep?

| | Ideal Bed Time | Ideal Morning Rise Time |
|---------|----------------|-------------------------|
| Child 1 | ___ : ___ | ___ : ___ |
| Child 2 | ___ : ___ | ___ : ___ |
| Child 3 | ___ : ___ | ___ : ___ |
| You | ___ : ___ | ___ : ___ |
| Adult 1 | ___ : ___ | ___ : ___ |
| Adult 2 | ___ : ___ | ___ : ___ |

6. Please indicate what time of day you and your family members are most alert and active, assuming a full night of sleep.

| | Early Morning (6-10:30 AM) | Early Afternoon (10:30 AM-3:00 PM) | Late afternoon (3-7:30 PM) | Evening (7:30 PM-midnight) | Late Evening (midnight-4:30 AM) |
|---------|-------------------------------|---------------------------------------|-------------------------------|----------------------------|------------------------------------|
| Child 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adult 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adult 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. Does [target child] fall asleep at a consistent time every night?
(For example, within roughly 20 minutes of the same time each night.)

| | | | | |
|----------|---|---------|---|-------|
| 1 | 2 | 3 | 4 | 5 |
| Disagree | | Neither | | Agree |

8. Does [target child] wake up at a consistent time every morning?

| | | | | |
|----------|---|---------|---|-------|
| 1 | 2 | 3 | 4 | 5 |
| Disagree | | Neither | | Agree |

9. [target child] would sleep in longer on weekdays if they could

| | | | | |
|----------|---|---------|---|-------|
| 1 | 2 | 3 | 4 | 5 |
| Disagree | | Neither | | Agree |

10. Please indicate what best represents [target child name] within an hour of waking up.

- a. Active and alert
- b. Fussy or grumpy
- c. Tired
- d. Other _____ Please specify

11. [target child] is alert and active within _____ minutes of waking up

(please write 'NA' if unsure)

12. [target child] is hungry within _____ minutes of waking up

(please write 'NA' if unsure)

13. What time do you put [target child] to sleep at night?

- a. ____:____
- b. I do not put my child to sleep most nights

14. What time of day is [target child] most alert and active?

- a. ____:____
- b. Unsure

15. How would you describe your family's sleep preference?

| | | | | | |
|-------------|---|-----|---|------------|--------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Early Riser | | Mix | | Awake Late | Unsure |

16. How would you describe [target child] sleep preference?

| | | | | | |
|-------------|---|-----|---|------------|--------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Early Riser | | Mix | | Awake Late | Unsure |