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**Guideline for sleep hygiene among children aged 0~5 years
(English Translation)**

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Foreword

This standard was drafted in accordance with the rules given in GB/T 1.1-2009.

Drafting organizations of this standard. China Center for Disease Control and Prevention Maternal and Child Health Center, Shanghai Children's Medical Center, Shanghai Jiaotong University School of Medicine Heart, Beijing Children's Hospital Affiliated to Capital Medical University, Children's Hospital Affiliated to Zhejiang University School of Medicine, Guangdong Maternity and Child Health Hospital, Qingdao Women Children's Hospital, Hunan Maternity and Child Health Hospital, Guangzhou Women and Children's Medical Center, Dalian Children's Hospital, First Affiliated Hospital of Xinjiang Medical University Hospital, Hubei Province Maternal and Child Health Hospital, Chongqing Maternal and Child Health Hospital.

1 Scope

This standard specifies guidelines for children's sleep hygiene guidance, assessment methods, questionnaires, and judgment standards.

This standard applies to sleep hygiene education and sleep problem assessment for children aged 0 to 5 (under 6 years of age) in my country.

2 Terms and definitions

The following terms and definitions apply to this document.

Sleep

The individual's interaction with the external environment and the level of reaction are reduced, which is manifested by the characteristics of reduced physical activity, closed eyes, lying position, etc., and can recover awake A state of physiology and behavior.

Sleep duration

The cumulative value of each sleep time in 24 hours a day.

Sleep disorders

Under suitable sleep conditions, abnormal performance of sleep initiation, sleep process, sleep time and sleep quality, such as falling asleep Difficulty, wake up at night, etc.

Sleep onset latency; SOL the time to fall asleep, the time it takes from getting ready to go to bed to actually falling asleep.

3.1 Sleep environment

The bedroom should have fresh air and suitable temperature. You can turn on a small light in the bedroom and turn it off after going to bed. It is not advisable to place TV, telephone, computer, Game consoles and other equipment.

3.2 Bed type

Babies should sleep in their own crib, in the same room as their parents. Early childhood can gradually transition from a crib to a small bed, families with conditions it is advisable to let children sleep in a separate room.

3.3 Regular work and rest

From 3 months to 5 months, children's sleep is gradually regular, and bedtime should be fixed, generally no later than 21.00, but too early in the morning is not recommended bed. Maintain a fixed and regular sleep schedule during holidays.

3.4 Activities before bedtime

Arrange 3 to 4 activities before going to bed, such as washing, going to the toilet, telling stories, etc. The activity content is basically consistent every day, fixed and orderly, warm and suitable degree. The activity time is controlled within 20 minutes. At the end of the activity, try to ensure that the child is in a relatively quiet state.

3.5 Ways to fall asleep

Cultivate the ability of children to fall asleep alone. When the child is dozing but not asleep, put a small bed to sleep alone, and it is not suitable to shake or sleep. Will breastfeed or Separate eating and sleep, and breastfeed at least 1 hour before bedtime. Allow the child to sleep with a comforter. When the child is crying, the parents first patiently wait a few minutes, Re-enter the room and stay with him for a short time for 1min~2min, then leave immediately, wait again, and gradually extend the waiting time to help children learn to be alone Fall asleep and smoothly complete continuous sleep throughout the night.

3.6 Sleep position

It is advisable to sleep in the supine position before 1 year old, but not to sleep in the prone position until the infant can change the sleeping position by itself.

4.1.1 Sleep time

The key question. How long does the child sleep 24 hours a day?

Evaluation goal. To understand the total sleep time of children 24 hours a day, and compare it with the recommended sleep time for children aged 0 to 5 years in Appendix A.

4.1.2 Sleeping/sleeping problems

Key questions. How long does it take for children to fall asleep, and whether they have sleeping problems.

Evaluation objective. To understand the child's sleep latency, to evaluate bedtime problems, such as refusing or delaying bedtime and difficulty falling asleep.

4.1.3 Problems during sleep

The key question. Does the child wake up frequently, snore, have difficulty breathing, or have other problems during sleep.

Evaluation goal. to understand whether there are abnormal events during the child's sleep (from going to bed at night to waking up the next day), such as waking up at night, Snoring or difficulty breathing.

4.2 Evaluation process

Use a step-by-step evaluation method. conduct preliminary outpatient evaluation through key issues to determine whether the child has sleep problems; if so, Then use the sleep assessment questionnaire for detailed assessment; if the assessment result is positive, then conduct medical assessment and diagnosis.

4.3.1 Concise infant sleep questionnaire

The concise infant sleep questionnaire can be used to assess the sleep of infants and young children from 0 to 2 years old for questions, see Table B.1 in Appendix B.

4.3.2 Children's Sleep Habits Questionnaire

The Children's Sleep Habit Questionnaire is used to assess the sleep of children aged 3 to 5 years.

For sleep problems, see Table C.1 in Appendix C.

5.1.1 Sleep time

In the case of suitable sleeping conditions, children's sleep time is not within the recommended range (see Appendix A), prompting the need for further medical evaluation.

5.1.2 Sleep latency

In the case of suitable sleep conditions, the sleep latency $\geq 20\text{min}$, prompting the need for further medical evaluation.

5.1.3 Night wake

In the case of suitable sleeping conditions, children cannot fall asleep on their own after waking up at night, and parental intervention is required, prompting the need for further medical evaluation.

estimate.

5.2.1 Sleep time

In the case of suitable sleeping conditions, children's sleep time is not within the recommended range (see Appendix A), prompting the need for further medical evaluation.

5.2.2 Children's sleep habits questionnaire score

The total score is ≥ 54 (see Appendix C), which indicates the need for further medical evaluation.