

BISQ Questionnaire for Infant Sleep Assessment: translation into brazilian portuguese

*Questionário BISQ para Avaliação do Sono na Primeira Infância: tradução
linguística para português brasileiro*

Márgia Lathengue Nemes¹, Julia de la Puente Riva Kampff², Avi Sackell³

ABSTRACT

The aim of this article was the translation into Portuguese of the Brief Infant Sleep Questionnaire (BISQ), a tool for screening sleep disorders in infants and toddlers (0-3 years). After obtaining the consent from the author (Avi Sackell), two bilingual professionals translated the questionnaire into Portuguese. Later, two other bilingual professionals performed the back translation into English. The best version of BISQ was chosen in a consensus meeting. The translation of BISQ into Portuguese will allow effective screening and thus a greater number of children with sleep disorders could be diagnosed by pediatricians in Portuguese-speaking countries.

Keywords: infant, questionnaires, sleep disorders.

RESUMO

Este estudo teve como objetivo efetuar a tradução para português do "Brief Infant Sleep Questionnaire (BISQ)", instrumento para triagem de distúrbios do sono em lactentes e primeira infância (0-3 anos). Após obtenção da autorização do autor (Avi Sackell), dois tradutores profissionais realizaram a versão para português e outros dois fizeram a retro-tradução. A melhor versão do questionário foi decidida por consenso. A tradução do BISQ para português vai possibilitar uma triagem efetiva e que maior número de crianças com distúrbios do sono sejam identificadas por pediatras de países lusófonos.

Descrições: distúrbios do sono, lactente, questionários.

INTRODUCTION

The value of clinical attention to pediatric sleep is increasingly being recognized. This is due to the growing evidence of high prevalence of sleep disorders among children and the effects of disrupted or insufficient sleep on somatic and behavioral development⁽¹⁾.

The consolidation of sleep during the night, the "sleeping through the night," is a rapid process of maturation that occurs during the first year of life⁽²⁾. However, some studies have shown that 20 to 30% of infants and small children face difficulties in this process. Thus, their sleep is still fragmented, manifested in multiple and prolonged awakenings during the night^(3,4).

Sleep disorders are among the most common complaints reported in pediatric practice. In most cases, a detailed

clinical history enables establishing a proper diagnosis allowing the physician to estimate the severity of the problem and offer proper care⁽⁵⁾.

The complaint of sleep disorders is generally not considered for parents a medical issue. In addition, routine pediatric medical history does not evaluate sleep and potential sleep disorders. However, it is known that the persistence of sleep disorders that begin in childhood may be associated with behavioral and emotional problems at school age and adolescence. Therefore, the approach to such disorders should be a priority in pediatric care^(6,7).

Sleep questionnaires are useful tools to assess sleep because they allow the measurements to become standardized and reproducible. When selecting a sleep questionnaire attention should be given to some factors: if the components are clear, if it is easy to understand and apply and if the time required for the application of such an instrument is appropriate⁽⁸⁾.

In order to attempt a categorization of sleep disorders in children, Bruni and collaborators developed the Sleep Disturbance Scale for Children (SDSC) for use in school-age children. This scale is able to differentiate among conditions such as disorders of initiating and maintaining sleep, sleep breathing disorders, disorders of arousal, sleep-wake transition disorders, excessive somnolence and sleep hypersychosis⁽⁹⁾. This questionnaire was lately translated and validated for Brazilian Portuguese, however it is not adequate to use for infants or toddlers, due to its original design⁽¹⁰⁾.

Several other sleep questionnaires intended to be filled by parents have been developed and validated, including the Pediatric Sleep Questionnaire (Chervin et al., 2005) and the Sleep Habits Questionnaire for Children (Owens et al., 2000)^(11,12). However, most of them are not available in Portuguese.

The objective of this study was the translation into Portuguese of the Brief Infant Sleep Questionnaire (BISQ), an instrument used in several countries for sleep assessment

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Bisq Questionnaire For Infant Sleep Assessment

Kathy Chan



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HOT TOPIC- Assessment and Treatment of Infant Sleep Ignacio E. Tapia, Christopher M. Cielo, Liat

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Schroeder, Julianne M. Smith-Boydston, 2017-06-29 This highly accessible work now thoroughly revised has shown thousands of students and clinicians how to assess and treat children s emotional and behavioral difficulties from a developmental perspective The authors provide a sound understanding of typical development ages 2 12 and the risk and protective factors for psychopathology Chapters on common psychological disorders and family stressors describe the nature of each problem review evidence based treatments and offer step by step guidelines for intervention illustrated with helpful case examples A comprehensive framework for assessing children and planning treatment is used throughout Purchasers get access to a Web page where they can download and print the book s 24 reproducible forms and handouts in a convenient 8 1 2 x 11 size New to This Edition Chapters on developmental disabilities and trauma Significantly revised to reflect advances in assessment treatment and developmental psychopathology research Additional material on pharmacological treatments in each disorder specific chapter Sibling rivalry chapter expanded to include difficulties with peers Updated for DSM 5 Evidence-Based Assessment in ASD (Autism Spectrum Disorder) Kenneth Aitken, 2017-09-21 This practical research based book introduces

and reviews the evidence based measures used in the commissioning and auditing of services for people with ASD where the ability to demonstrate the benefits and effects of support and intervention is increasingly important **ERS Handbook of Paediatric Respiratory Medicine** Ernst Eber, Fabio Midula, 2021 The 19 sections of this second edition of the ERS Handbook of Paediatric Respiratory Medicine cover the whole spectrum of paediatric respiratory medicine from anatomy and development to disease rehabilitation and treatment The editors have brought together leading clinicians to produce a thorough and easy to read reference tool The Handbook is structured to accompany the paediatric HERMES syllabus making it an essential resource for anyone interested in this field and an ideal educational training guide *Early Childhood*

Assessment in School and Clinical Child Psychology Adrienne Garro, 2016-09-27 This book presents an integrated and coordinated framework for assessing developmental psychological and behavioral disorders in early childhood. Expert contributors advocate for natural environment methods in addition to standardized measures in assessing academic and social skills as well as age specific behavior problems in young children. Chapters model collaborations between clinicians, family and daycare and school personnel address diagnostic and classification issues and conceptualize assessment as flexible, ongoing and as necessary leading to coordinated services. The book gives practitioners and researchers critical tools toward establishing best practices in an increasingly complex and important area leading to better prevention and intervention outcomes. Included in the coverage: Standardized assessment of cognitive development, Authentic and performance based assessment, The use of Response to Intervention (RTI) in early childhood, Collaboration in school and child care settings, Anxiety disorders, PTSD, OCD and depression in young children, Sleeping, feeding, eating and attachment problems in early childhood. **Early Childhood Assessment in School and Clinical Child Psychology** is an essential resource for clinicians and related professionals, researchers and graduate students in child and school psychology, assessment, testing and evaluation, occupational therapy, family studies, educational psychology and speech pathology. **Sleep and Sleep**

Disordered Breathing in the First Year of Life Amanda A. Lau, University of Alberta, Department of Health Sciences, 2014. Inadequate childhood sleep may adversely affect neurodevelopment, behaviour and metabolic function. Few population based studies have examined sleep duration and sleep disordered breathing (SDB) within the first year of life. Families in the Edmonton site of the Canadian Healthy Infant Longitudinal Development (CHILD) birth cohort study completed sleep questionnaires: Pediatric Sleep Questionnaires (PSQ) and Brief Infant Sleep Questionnaire (BISQ) and questionnaires related to child health, environmental household exposures and parental health stress and sleep when their child was 3, 6, 9 and 12 months of age. The association between self soothing and sleep duration (i.e. total amount of sleep during day and night) as reported on the BISQ was analyzed longitudinally with multivariate linear regression using generalized estimating equations (GEE) methods with exchangeable correlation matrix and robust errors. Infant sleep was also analyzed cross sectionally when the child was 3, 6, 9, 12 months of age using multivariable linear regression. The association between BMI Z Scores and SDB (i.e. answering positively to more than 1/3 of the PSQ questions or a PSQ score of 0.33 or greater) was analyzed with Cox proportional hazard modeling. The earliest PSQ score of 0.33 or greater was used to define time to SDB. Follow up started at birth and data was censored at 12 months of age if the infant did not have SDB or at the child's age if and when loss to follow up occurred. In an additional analysis, PSQ questions relating to rhinitis were excluded and added in the multivariate model to investigate the association between rhinitis and SDB. Of the 845 Edmonton CHILD participants, 765 had sleep duration data. Sleep duration was inversely associated with age. On average, infants slept 14.08 hours at 3 months, 13.66 hours at 6 months, 13.41 hours at 9 months and 13.51 hours at 12 months of age. Non self soothing was consistently associated with shorter

sleep duration in longitudinal and cross sectional analyses A multivariate longitudinal analysis stratified by birth order was performed Self soothing infants 0 31 hours 95% Confidence Interval 95%CI 0 51 0 11 p **Advances in Childhood Sleep Assessment: Tools for Specific Populations** Catherine Mary Hill,Carmen M. Schroder,Karen Spruyt,2021-04-13

Assessment and Treatment of Infant Sleep Ignacio E. Tapia,Christopher M. Cielo,Liat Tikotzky,2024-06-20 Ideal for sleep specialists pediatricians or family medicine practitioners Assessment and Treatment of Infant Sleep provides in depth information about normal aspects of sleep in infancy as well as both medical and behavioral sleep problem assessment and management This unique resource offers concise consolidated guidance when preparing for a clinic or rotation with patients in infancy or when engaging in treatment planning for young children with sleep problems Covers normal and abnormal aspects of infant sleep and provides evidence based tools to direct assessment and treatment of medical and behavioral sleep concerns Discusses new protocols and treatments specific to children under 24 months of age Highlights the unique evaluation and management of medical sleep disorders specific to infants with a focus on special populations Contains full color illustrations throughout including diagrams photographs and sleep studies polysomnography Distills a growing body of research related to the spectrum of medical and behavioral disorders in infant sleep in a single reference ideal for clinicians or researchers An eBook version is included with purchase The eBook allows you to access all of the text figures and references with the ability to search customize your content make notes and highlights and have content read aloud Additional digital ancillary content may publish up to 6 weeks following the publication date **The Oxford Handbook of Infant, Child, and Adolescent Sleep and Behavior** Amy R. Wolfson,Hawley Montgomery-Downs,2013-11 A compendium of the state of the art for empirically based basic and applied science and treatment information about infant child and adolescent sleep and behavior for behavioral scientists educators policymakers and clinicians [Infant Safe Sleep](#) Rachel Y. Moon,2020-06-24 This book is a practical comprehensive look at safe sleep for infants including safe sleep for infants with co occurring medical conditions Currently there is a dearth of resources on this topic for general pediatricians and other clinicians who provide health care to infants The only evidence based information about sudden infant death syndrome SIDS and other sleep related infant deaths is published in policy statements and technical reports published by the American Academy of Paediatrics However pediatricians public health professionals and others who provide health care anticipatory guidance and or health education to parents often have difficulty translating the policy recommendations to practice This book gives guidance and suggestions for clinicians for counseling parents and other caretakers of infants It discusses common barriers to adherence as well as approaches that are evidence based or use behavior change theory Chapters focus on important aspects of the sleep environment evaluating commonly sold sleep products and common sleep practices including roomsharing and bedsharing There is also a thorough discussion of SIDS pathophysiology and a closing chapter on grief and counselling families after a loss Each chapter follows an organizational structure to promote consistency and

ensure this remains a practical easy to use tool Chapters open with a clinical vignette and close with a discussion of frequently encountered questions and clinical pearls and pitfalls Infant Safe Sleep is a valuable resource for pediatricians nurse practitioners physician assistants as well as social workers allied health professionals public health practitioners health educators WIC nutritionists and child care providers

Maternal Perceptions of Infant Sleep Problems Kathy Chan,2012

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