

# National Sleep Foundation's 2026 Sleep in America<sup>®</sup> Poll

## **A Focus on America's Youngest Sleepers**

*Understanding Children's Sleep in the Context of Family Sleep Health*



March 5, 2026

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<b>I. Summary of Findings</b> .....	2
<b>II. Sleep Health Among Children</b> .....	3
<i>The Sleep Health Index<sup>®</sup></i> .....	4
<i>The Sleep Satisfaction Tool<sup>®</sup></i> .....	5
<i>Best Slept Self<sup>®</sup> Questionnaire</i> .....	6
<b>III. Bedtime Routines in Children</b> .....	8
<i>Common Parts of Children’s Bedtime Routines</i> .....	8
<i>Bedtime Routines by Age</i> .....	9
<b>IV. Sleep and Functioning in Children and Families</b> .....	9
<b>V. Other Important Insights</b> .....	10
<b>VI. Conclusion</b> .....	11
<b>Appendix A: Survey Methodology and Approach</b> .....	12
<i>General Survey Design</i> .....	12
<i>Measurement Approach</i> .....	12
<b>References</b> .....	13

The National Sleep Foundation (NSF; theNSF.org) works to improve health and well-being by advancing sleep education and advocacy. As part of this mission, NSF conducts large-scale research in the United States and around the world, including its annual Sleep in America® Poll—the leading national survey of public attitudes and behaviors related to sleep. The 2026 Poll focused on the sleep health of American youth, specifically children ages 0 to 13. For the first time, NSF adapted and fielded its core population research tools to gain a clearer picture of the state of sleep health among America’s youngest sleepers.

This focus expands on NSF's previous population surveys related to children and families and reflects NSF's growing emphasis on family sleep health, recognizing that young children are a central part of the family unit and that their sleep patterns can influence—and be influenced by—the sleep of parents, siblings, extended family, and caregivers. Understanding how children sleep provides important insight into the overall sleep health of families, illustrating how one family member’s sleep can shape the rhythms and wellbeing of the entire household.

## I. Summary of Findings

### Children’s sleep affects the entire family.

- **Almost everyone (95%)** agrees that good sleep is essential to overall family functioning.
- **Four in five parents** say their own sleep suffers when their child sleeps poorly.
- Nearly **seven in ten parents** say poor sleep negatively affects their child’s mood and daytime functioning, while **86%** report that good sleep improves behavior and mood.

### Nearly half of U.S. children aren’t getting enough sleep.

- According to parents, **44% of children do not consistently get the recommended amount of sleep** for their age, with younger children being more likely to fall short.

### Parents routinely underestimate children’s sleep needs.

- Parents’ estimates of how much sleep their child needs fall **below National Sleep Foundation recommendations** across every age group, often by more than an hour per day.

### Naps matter—especially for younger children.

- Naps play a critical role in meeting children’s daily sleep needs.
- About **two-thirds of children nap regularly**, including more than **90% of infants and toddlers**, and more than one in four school-aged children.

### Parents use a wide range of bedtime routines to support children’s sleep.

- Common bedtime practices include **darkening the room, reading a book, using nightlights, and sound machines**.
- **Many families rely on parental presence and co-sleeping at bedtime.** One in five parents lie down with their child until they fall asleep, and many children share a bed with their parents for part or all of the night.

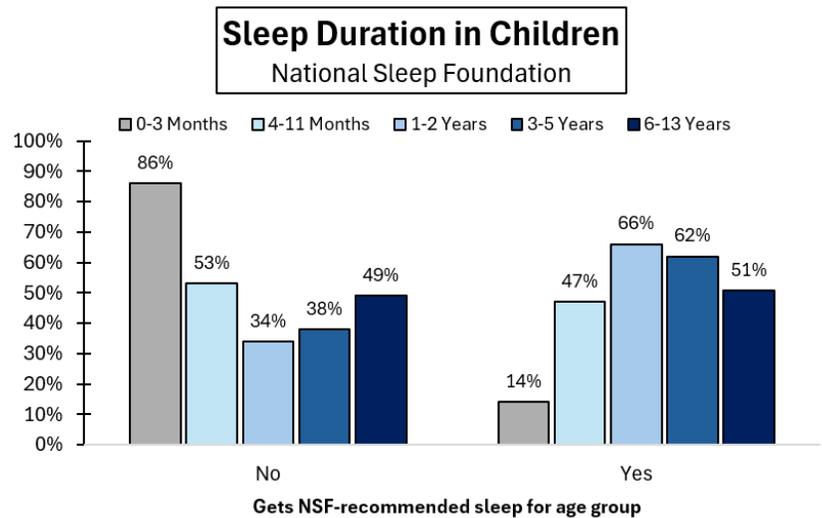
### Parents invest heavily in their children’s sleep—but don’t always talk to them about it.

- Parents who think about their child’s sleep spend over **2 hours per day** doing so.
- Most parents (60%) would be willing to pay for their children to get better sleep, including spending **\$50, \$100, or more**.
- **Nearly half of parents rarely or never talk with their children about the importance of sleep**, pointing to opportunities for education and engagement.

## II. Sleep Health Among Children

As children age, they also advance through different developmental stages with distinct cognitive, emotional, and social abilities. National Sleep Foundation considered these developmental differences when it first established age-specific sleep duration recommendations.<sup>1</sup> Specifically, NSF recommends:

- 14–17 hours of sleep for newborns,
- 12–15 hours for infants,
- 11–14 hours for toddlers,
- 10–13 hours for preschoolers, and
- 9–11 hours for school-aged children.



Compared to this NSF guidance, what parents report falls short in two ways: many children are not getting enough sleep, and many parents underestimate how much sleep their children need.

According to parents, 44% of children across all age groups do not consistently get the amount of sleep recommended by NSF. Newborns are least likely to meet the guidelines—only 14% regularly do—while toddlers are most likely, with about two-thirds (66%) regularly getting enough sleep.

Further, parents commonly underestimate how much sleep their children need each day. When asked, ‘How many hours of sleep does your child need to be well-rested and feel their best?’ their answers often fell short of NSF’s evidence-based, consensus recommendations. Overall, 57% of parents estimated the amount of sleep their child needs to be well-rested and feel their best at levels lower than those recommended by NSF. In fact, for every age group, parents’ estimates were below the recommended sleep range—pointing to opportunities to educate parents about evidence-based sleep needs for most children.

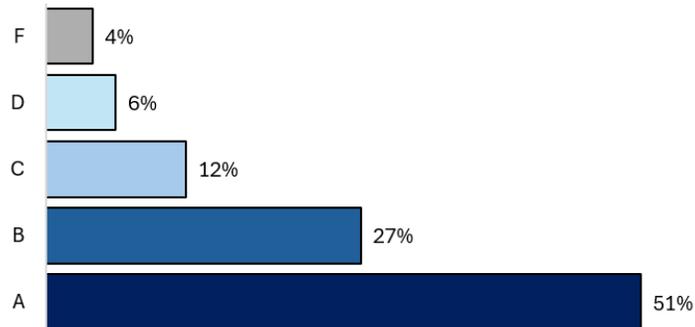
Age group	NSF-recommended sleep duration	Average parent reported child sleep need	Percent of parents who underestimate their child’s sleep need
0-3 Months Old	14 to 17 hours	10 hours, 34 minutes	78%
4-11 Months Old	12 to 15 hours	10 hours, 33 minutes	68%
1-2 Years Old	11 to 14 hours	10 hours, 10 minutes	61%
3-5 Years Old	10 to 13 hours	9 hours, 28 minutes	46%
6-13 Years Old	9 to 11 hours	8 hours, 42 minutes	49%

Taken together, these findings show a consistent pattern: children are sleeping less than recommended, and parents often believe their children need less sleep than experts advise. This combination likely contributes to widespread insufficient sleep across age groups.

### The Sleep Health Index®

The Sleep Health Index® (SHI<sup>2</sup>) measures sleep health across three areas: sleep quality, sleep duration, and symptoms of disordered sleep. This survey marks the first time the SHI has been adapted for young children. To do that, two changes were made: parents answered the questions on behalf of their children, and children’s nap time was added to the calculations.

**Sleep Health Index® Grades in Children**  
National Sleep Foundation



On the SHI’s 0–100 scale, children scored an average of 87—a solid ‘B.’ Overall, 51% of children earned an ‘A’ for sleep health, 27% a ‘B,’ 12% a ‘C,’ 6% a ‘D,’ and 4% an ‘F.’ These grades are generally higher than those seen in adults and teens.

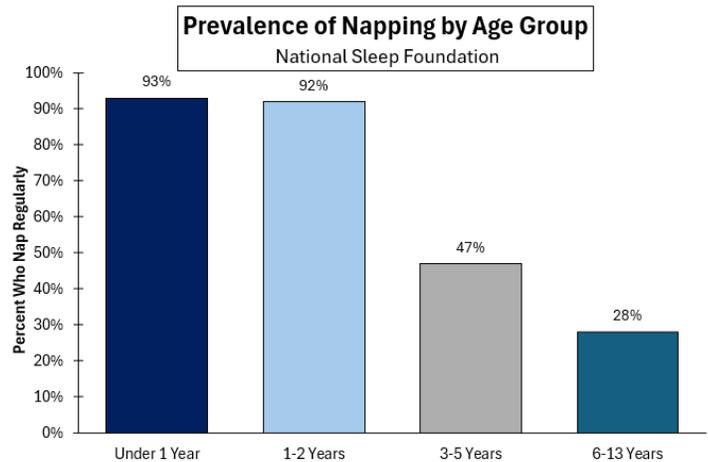
Sleep grades varied a lot across age groups. The youngest children—those under 1 year old—were the least likely to receive an ‘A’ for their sleep health.

Sleep Health Index® Grades	A grade	B grade	C grade	D grade	F grade
Under 1 Year Old	36%	33%	16%	11%	4%
1-2 Years Old	60%	22%	10%	5%	3%
3-5 Years Old	55%	30%	8%	4%	3%
6-13 Years Old	48%	24%	15%	5%	8%

Across all ages, about two-thirds of parents said their child’s global sleep quality was excellent or very good. In terms of specific sleep quality indicators, while most children wake feeling well-rested on many days, challenges such as trouble falling asleep, nighttime awakenings, and daytime impacts are still common. Younger children, especially infants, experience more nighttime awakenings, while older children show slightly more daytime consequences. This pattern likely reflects normal developmental changes but also highlights opportunities to support families during these transitions.

Sleep Quality	Overall	Under 1 Year Old	1-2 Years Old	3-5 Years Old	6-13 Years Old
Days felt well-rested upon waking	5.9 days	6.2 days	6.2 days	5.9 days	5.4 days
Nights with trouble falling asleep	1.9 days	2.1 days	1.9 days	1.8 days	1.6 days
Days when sleep problems impact daily activities	1.1 days	1.1 days	1.0 days	0.9 days	1.3 days
Days dozed unintentionally	1.1 days	1.3 days	1.1 days	1.0 days	1.0 days
Nights with trouble staying asleep	1.6 days	2.8 days	1.7 days	1.0 days	0.9 days

Napping plays an important role in helping young children get enough total sleep in a 24-hour day. About two-thirds of parents said their child naps regularly. As expected, napping is far more common in younger children: 93% of those under 1 year old nap regularly, as do 92% of 1- to 2-year-olds. The rate drops to 47% among preschoolers (ages 3–5) and to 28% among school-aged children (6–13). Among children who nap, the average total nap time per day is just over two hours and 15 minutes, with younger children napping longer than older ones.

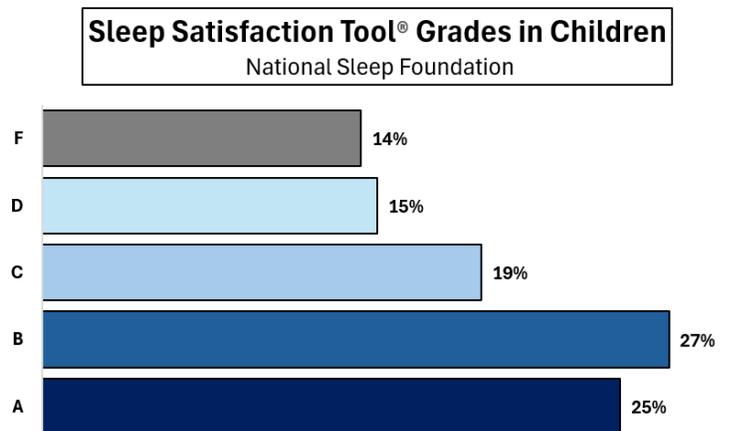


While it may seem surprising that nearly one in three school aged children still nap, these naps may reflect the individual sleep needs, attempts to recover from insufficient nighttime sleep, or structured rest periods in after-school programs. For some children, daytime napping may be compensatory, an indicator that nighttime sleep does not fully meet their needs.

### *The Sleep Satisfaction Tool<sup>®</sup>*

The Sleep Satisfaction Tool<sup>®</sup> (SST<sup>3</sup>) was also adapted for use with young children. Parents answered questions about observable child sleep habits and their satisfaction with various aspects of their child’s sleep.

On the SST’s 0–100 scale, the average score was 78—a solid ‘C.’ Overall, 25% of children earned an ‘A,’ 27% (the largest group) earned a ‘B,’ 19% a ‘C,’ 15% a ‘D,’ and 14% an ‘F.’ Across all age groups, about 1 in 10 parents say they are dissatisfied with their child’s overall sleep. Sixteen percent report that their child has trouble falling asleep at night, and over one in five (21%) say their child wakes up somewhat often or more during the night.



Sleep satisfaction also differed by age. The youngest children—those under 1 year old—and the oldest group—children ages 6 to 13—were the least likely to receive an ‘A’ for sleep satisfaction.

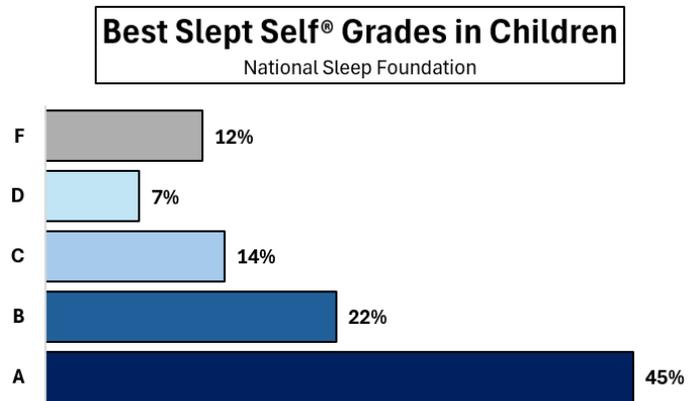
Sleep Satisfaction Tool <sup>®</sup> Grades	A grade	B grade	C grade	D grade	F grade
Under 1 Year Old	23%	27%	14%	13%	23%
1-2 Years Old	25%	28%	21%	16%	10%
3-5 Years Old	27%	27%	21%	15%	10%
6-13 Years Old	24%	26%	21%	15%	14%

Although children earned a “B” on the SHI, their SST score averaged a “C.” This gap may suggest that while children may meet many objective sleep-health indicators, parents still perceive meaningful challenges, particularly around bedtime struggles and nighttime awakenings. Satisfaction reflects lived experience, not just metrics, and these findings may highlight the emotional and practical realities families face.

*Best Slept Self® Questionnaire*

To support healthy sleep, the National Sleep Foundation recommends a small set of healthy sleep behaviors that can help people be their Best Slept Self®. For the first time, parents were asked how often their young children engage in these habits, which were adapted to children-specific behaviors.

Children received A–F grades based on how often they practiced the behaviors. On the BSSQ’s 0–100 scale, the average score was 82—a ‘B.’ Overall, 45% of children earned an ‘A,’ and another 36% earned a ‘B’ (22%) or ‘C’ (14%). About one-fifth received a ‘D’ (7%) or an ‘F’ (12%).

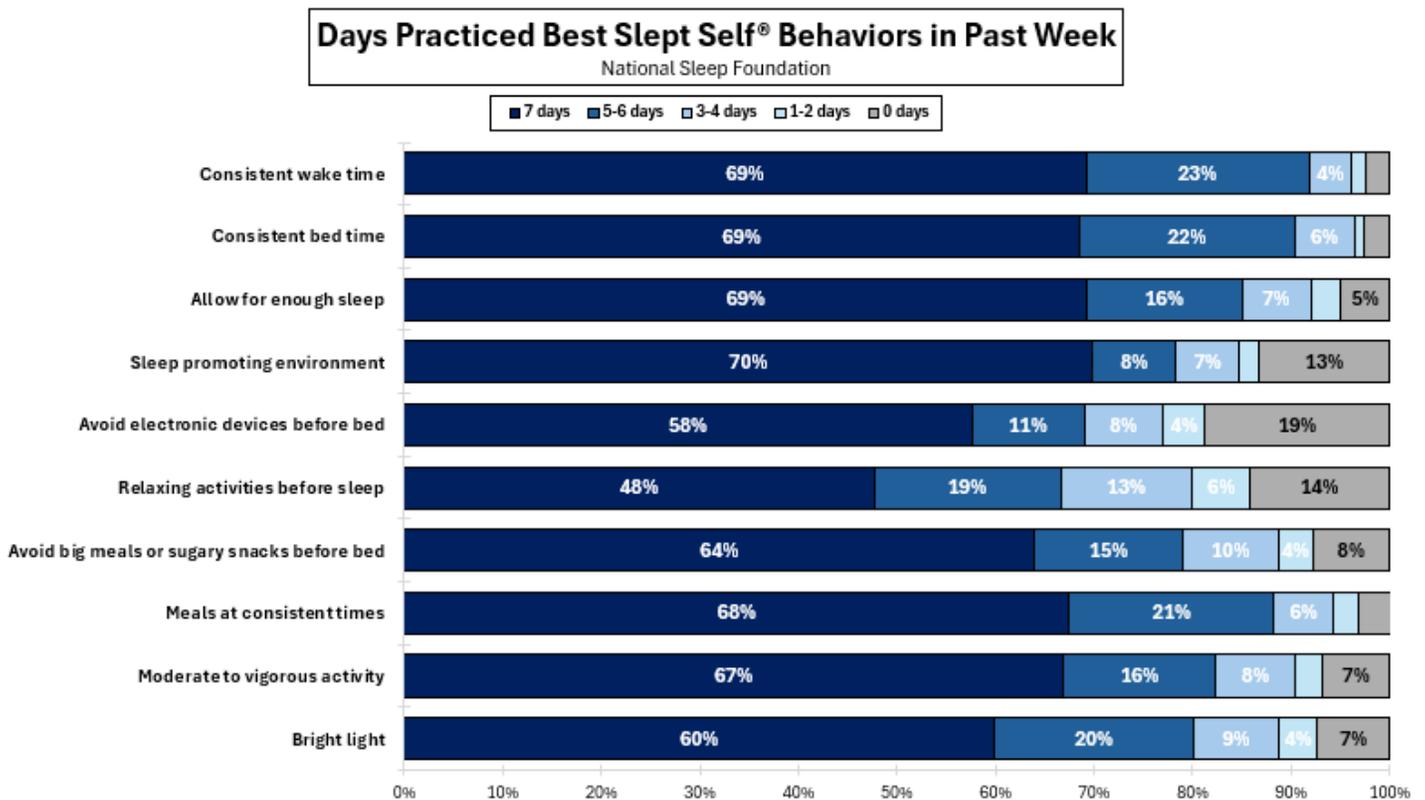


Older children—those ages 6 to 13—were the least likely to receive an ‘A,’ while younger children, especially those 1 to 2 years old, were the most likely to achieve top marks for healthy sleep behaviors.

Younger children may benefit from greater parental involvement, structure, and support as caregivers work to establish routines and regular sleep habits that promote more consolidated nighttime sleep for the whole family. As children grow older and gain independence, families may step back from hands-on routines both because these routines are no longer developmentally necessary and to encourage autonomy. This shift can lead to more variability in healthy sleep behaviors as children take on greater responsibility for their own routines.

Best Slept Self® Questionnaire Grades	A grade	B grade	C grade	D grade	F grade
Under 1 Year Old	49%	23%	10%	8%	10%
1-2 Years Old	56%	22%	10%	4%	8%
3-5 Years Old	43%	22%	18%	7%	10%
6-13 Years Old	28%	23%	18%	12%	20%

Most parents reported that their children practiced many healthy sleep habits on at least five days per week. These included waking up at about the same time (92%), going to bed at about the same time (90%), eating meals on a regular schedule (88%), going to bed early enough to get sufficient sleep (85%), getting at least 30 minutes of bright light exposure (80%), avoiding large meals or sugary snacks before bed (79%), sleeping in a quiet, cool, and dark environment (78%), avoiding electronic devices in the hour before bed (69%), and doing relaxing activities during the last hour before sleep (66%).



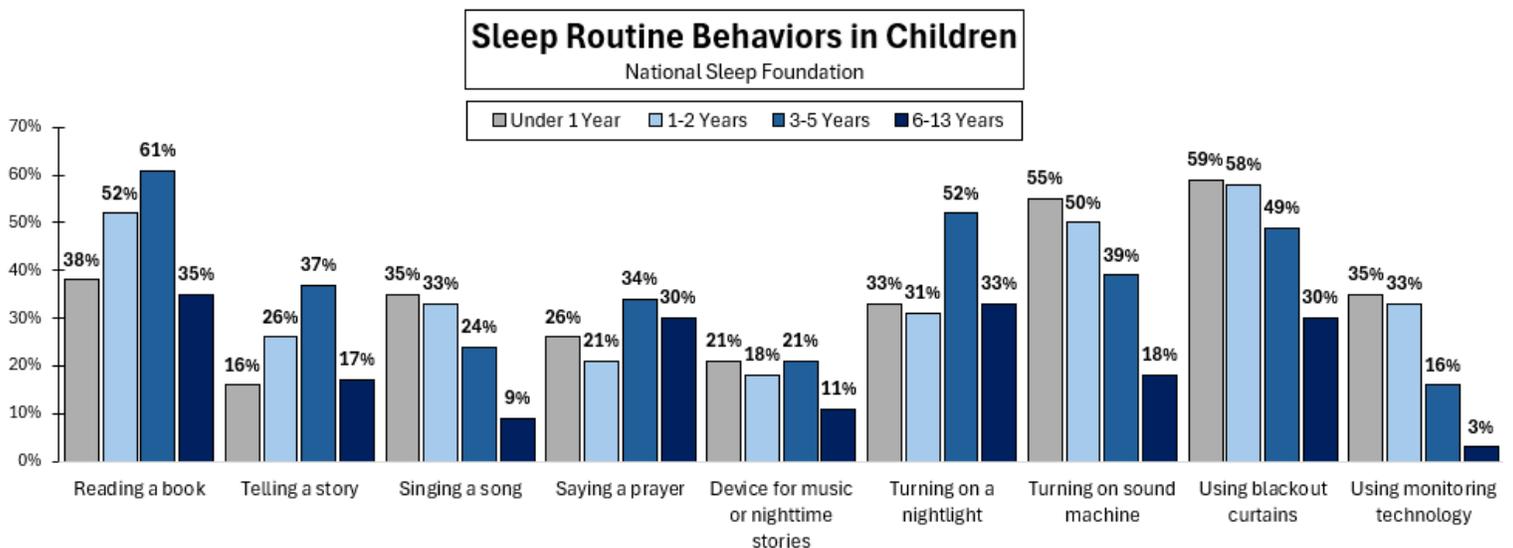
These findings highlight the rates at which children are practicing healthy sleep behaviors and may demonstrate the central role that families can have in shaping children’s sleep behaviors. Younger children are naturally more likely to receive more hands-on support from parents when it comes to healthy sleep behaviors, simply because they are more dependent on adults for structure, cues, and consistency. Families often take a step back as children grow older and gain autonomy, but in fact, older children may still benefit from meaningful parental or familial involvement with their sleep behaviors. Practicing healthy sleep behaviors consistently helps better learning, emotional regulation, and long-term health for children of all ages. Although fewer families regularly incorporate relaxing wind-down activities, these practices can further ease the transition to sleep. Together, these practices highlight how intentional family behaviors create a foundation for healthy sleep and how maintaining them over time can contribute to children’s daily functioning and overall development.

### III. Bedtime Routines in Children

When children wind down with consistent, supportive bedtime routines, they’re more likely to develop strong, long-term sleep habits that promote healthy growth, cognitive development, and emotional resilience. Families use many different routines, tools, and behaviors to support their children’s sleep. Although bedtime routines are widely practiced, far less is known about the specific elements families use and how these routines evolve through childhood. This year’s Sleep in America® Poll is the first time National Sleep Foundation asked parents about the particular elements they include in their children’s bedtime routines.

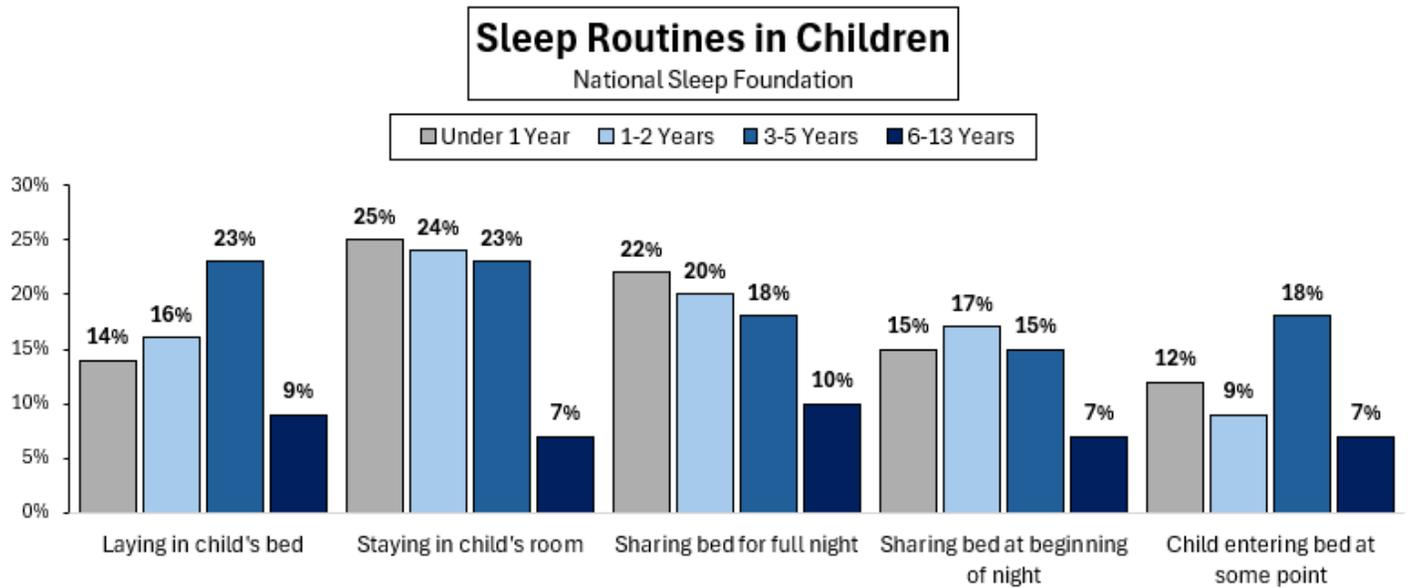
#### *Common Parts of Children’s Bedtime Routines*

The most commonly reported components of children’s bedtime routines were using room-darkening or blackout curtains (49%), reading a book before bed (46%), and using a sound machine (41%). Many parents also said they turn on a nightlight (37%) or say a prayer before bed (27%). Fewer than three in ten parents reported singing a song before bed (26%), using sleep-monitoring technology (22%), or playing music or stories on a device (18%).



Parents also described being physically present in their child’s bedroom at bedtime. Fifteen percent said they lie in their child’s bed until the child falls asleep, and one in five (20%) stay in the room until their child is asleep. Co-sleeping was also common: 17% of parents share their bed with their child for the full night, 14% share their bed at the beginning of the night, and 11% say their child enters their bed at some point overnight.

These findings highlight the wide range of tools and strategies families use to help children settle at night, from environmental cues like darkness and sound to relational cues like parental presence. Together, they illustrate that bedtime may be both a practical routine and an emotional moment of connection for many families.



### *Bedtime Routines by Age*

Parents reported notable differences in bedtime routines across age groups. Those with younger children—ages 1 to 5—were more likely to read a book or tell a story at bedtime than parents of older children. Parents of infants under 1 year old were more likely to use a sound machine, room-darkening curtains, or monitoring technology throughout the night. In contrast, parents of older children—ages 6 to 13—were the least likely to report using any of these routine elements on a typical night.

These differences likely reflect what is developmentally appropriate for each age group. Infants naturally require more environmental support, while toddlers and preschool-aged children benefit from interactive routines that may also help strengthen the parent-child connection and provide structure. As children grow older and become more independent, families are more likely to scale back structured routines and devices. Each of these stages aligns with children's changing developmental needs and shows how practices may evolve as children mature emotionally, behaviorally, and cognitively. To put it simply: bedtime routines grow up as children do.

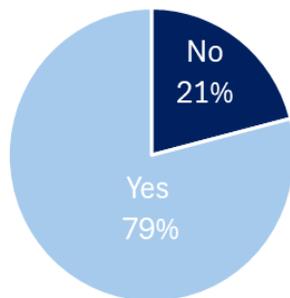
## **IV. Sleep and Functioning in Children and Families**

Parents recognize how important sleep is—not only for their child's daytime functioning but for the well-being of the entire family. When asked whether poor sleep negatively affects their child's mood and performance during the day, almost seven in ten adults (69%) said yes. The benefits of good sleep were just as clear: nearly nine in ten adults (86%) reported that a good night's sleep has a positive effect on their child's mood and behavior.

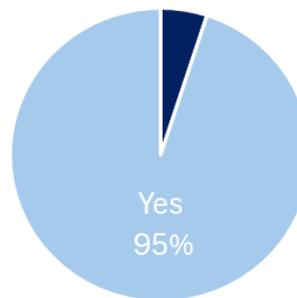
Age Groups	Bad Sleep Has Negative Impact on Mood and Behaviors	Good Sleep Has Positive Impact on Mood and Behaviors
Under 1 Year Old	64%	86%
1-2 Years Old	68%	87%
3-5 Years Old	73%	86%
6-13 Years Old	70%	86%

Parents also recognized that children’s sleep affects more than just the child. Nearly four in five adults (79%) said that when their child sleeps poorly, it negatively impacts their own sleep. This effect was strongest among parents of infants under 1 year old (88%) and lowest among parents of children ages 6 to 13 (66%). An overwhelming 95% of adults agreed that good sleep is essential for their family’s overall functioning. This belief was consistent across all child age groups.

**Child's Bad Sleep Negatively Impact Parent's Sleep?**



**Sleep Important to Family Functioning?**



Taken together, these findings show that children’s sleep has a ripple effect across the household. When children sleep poorly, parents report disruptions to their own sleep, and when children sleep well, families experience smoother days and more predictable routines. In short: children’s sleep is a family-level issue, not just a child-level problem.

## V. Other Important Insights

Parents of young children spend a great deal of time thinking about their children’s sleep: 74% of them think about it daily. Among those who do, when asked ‘How much time in a typical day do you spend thinking about your child’s sleep?’ the average time spent thinking about their child’s sleep was 2 hours and 11 minutes per day. This level of mental load underscores how central sleep is to family life and how much cognitive and emotional energy parents devote to it.

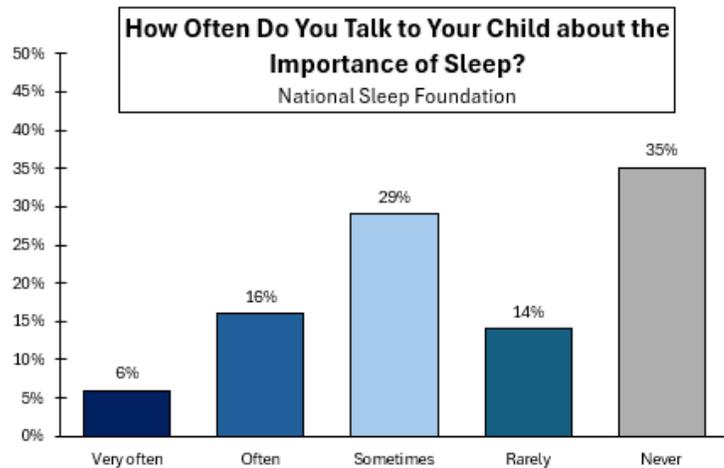
Parents were also asked ‘When your child has poor sleep, how much would you be willing to pay for them to have a good night of sleep?’ Over six in 10 parents (61%) said they would pay something, the average amount being \$71. More than half of parents were willing to spend at least \$20 for their child’s good night of sleep, 38% were willing to spend \$50 or more, 25% were willing to spend \$100 or more, and over 7% said they would pay \$500 or more.

Age Groups	Time Spent Thinking about Child's Sleep	Willing to Pay for Child's Good Sleep
Under 1 Year Old	2 hours, 16 minutes	\$89
1-2 Years Old	2 hours, 3 minutes	\$66
3-5 Years Old	1 hour, 53 minutes	\$72
6-13 Years Old	2 hours, 35 minutes	\$61

Notes: Above values are averages for adults who reported spending any amount of time thinking about their child's sleep and a willingness to spend any amount of money on their children to have a good night of sleep.

Taken together, these findings show that parents devote significant time and attention to their children's sleep and, for many, are willing to invest financially to help their children sleep better. Yet despite this concern, nearly half of parents (49%) report that they 'never' or only 'rarely' talk to their children about the importance of sleep.

This disconnect, high concerns but low communication, suggests that many parents feel responsible for managing sleep but may not feel equipped to teach children about it—perhaps because they are struggling with their own sleep difficulties. This represents a major opportunity for education, empowerment, and family-centered sleep health messaging.



## VI. Conclusion

Sleep shapes childhood in profound ways, from a toddler's ability to navigate big emotions to a teenager's capacity for learning and decision-making. Yet many families struggle to prioritize sleep amid competing demands, often without realizing the ripple effects throughout the household.

The challenge begins early. Many younger children do not meet the National Sleep Foundation duration guidelines during critical developmental windows when their brains and bodies are rapidly growing and consolidating new skills. Nearly all parents agree that good sleep is essential to family functioning, yet translating that knowledge into consistent routines often proves difficult.

This gap between awareness and action represents an important opportunity for families and the systems that support them. When children sleep well, the entire family benefits. Conversely, most parents report that poor sleep directly affects their child's mood and daily functioning, creating stress that can reverberate across the family.

Families can bridge this gap by establishing a culture that prioritizes and encourages practical conversations and approaches for healthy sleep. Education and tools designed to meet parents “where they are,” can help build age-appropriate sleep routines and normalize being their Best Slept Self<sup>®</sup> as a regular part of family life.

Ultimately, supporting children’s sleep is one of the most powerful ways families can support their overall wellbeing. When children sleep better, families thrive.

## **Appendix A: Survey Methodology and Approach**

### *General Survey Design*

This survey was developed by the National Sleep Foundation and conducted using the nationally representative Ipsos KnowledgePanel<sup>®</sup>, which recruits participants through address-based sampling to complete online questionnaires.

The study aimed to include roughly 800 adults who care for children ages 13 and younger. Fieldwork took place from September 12 to October 5, 2025, and the survey was offered in both English and Spanish. The median completion time was 21 minutes. As part of quality control, any respondent who finished in less than one-quarter of the median time was flagged for possible inattention and removed from the dataset.

In total, **977 qualified caregivers** completed the survey:

- **206** caregivers of children under 1 year old
- **320** caregivers of children ages 1–2
- **207** caregivers of children ages 3–5
- **244** caregivers of children ages 6–13

Most respondents were biological parents—53% biological mothers and 33% biological fathers. The remaining caregivers included step-parents, grandparents, aunts, and uncles. Because the vast majority of respondents were parents, this report uses the terms “parent” and “your child” throughout; however, the findings apply broadly to any caregiver–child relationship.

### *Measurement Approach*

The Sleep Health Index<sup>®</sup> (SHI), Sleep Satisfaction Tool<sup>®</sup> (SST), and Best Slept Self<sup>®</sup> Questionnaire (BSSQ) were adapted so caregivers could report on their children’s sleep. This survey represents the first time these tools have been modified for young children. To make this possible, caregivers answered all items on behalf of their children, and additional questions were added to capture sleep behaviors unique to childhood—such as regular daytime napping. Scoring formulas were updated to incorporate this new information.

As with all parent-reported surveys, these findings reflect caregivers' observations and perceptions. While parents are the most reliable reporters of their children's routines and behaviors, some aspects of sleep, such as nighttime awakenings and satisfaction, may not always be directly observed. These considerations are common in pediatric sleep research and do not diminish the value of the insights gained.

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