My Child's Sleep Diary

Adapted from the My Sleep Diary (http://needsleep.med.harvard.edu) created by the Division of Sleep Medicine at Harvard Medical School and produced in partnership with WGBH Educational Foundation.

Child's Name:_____Date:_____

Please complete the Sleep Diary on behalf of your child on a daily basis for one week. It will provide an overview of your child's sleep schedule that we can use to improve your child's sleep. Use it only as a guideline and spend no more than 30 seconds filling it out in the morning.

Day (Date)	NAPS *(Duration)*	BEDTIME	Did it take your child a long time to fall asleep?	Number of times your child woke up during the night	Did it take your child a long time to fall back asleep after he or she woke up?	FINAL WAKE UP TIME	Time your child got out of bed in the morning.	Total amount of sleep your child got *(hours) Add time spent napping to nighttime sleep*	How alert was your child the next day? *(1-10) 10= most alert*
Example	*1 (2 hours)*	*12 p.m.*	*yes*	*2*	*no*	*6 a.m.*	*6:45 a.m.*	*8 hours 45 minutes*	*5*
Mon.									
Tues.									
Wed.									
Thurs.									
Fri.									
Sat.									
Sun.									