CHOC Children's

Children's Sleep Diary

Complete in Morning							
Start Date: __/__/__ Day of the Week:	Day 1 ____	Day 2 ____	Day 3 ____	Day 4 ____	Day 5 ____	Day 6 ____	Day 7 ____
My child got into bed last night at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night my child fell asleep:							
Easily:	☐	☐	☐	☐	☐	☐	☐
After some time:	☐	☐	☐	☐	☐	☐	☐
With difficulty:	☐	☐	☐	☐	☐	☐	☐
My child woke up during the night:							
# of times							
# of minutes							
My child got out of bed today at:	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
Last night my child slept a total of:	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My child's sleep was disturbed by: noise, lights, temperature, pets, allergies, nightmares, stress, discomfort, pain, etc.							
When my child woke up for the day, he/she felt:							
Rested:	☐	☐	☐	☐	☐	☐	☐
Somewhat rested:	☐	☐	☐	☐	☐	☐	☐
Tired:	☐	☐	☐	☐	☐	☐	☐
Notes: Record any other factors that may affect your child's sleep							

**Modified from National Sleep Foundation and adapted for children.*

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Complete at the End of the Day							
Day of the week:	Day 1 ____	Day 2 ____	Day 3 ____	Day 4 ____	Day 5 ____	Day 6 ____	Day 7 ____
My child consumed caffeinated items in the: (M)orning, (A)fternoon, (E)vening, (N/A) (e.g., chocolate, soda)							
M/A/E/NA How much?	____	____	____	____	____	____	____
My child exercised at least 20 minutes in the: (M)orning, (A)fternoon, (E)vening, (N/A)							
M/A/E/NA							
My child took these medications today:							
Took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, for how long?							
During the day, how likely was your child to nod off or even fall asleep while performing daily tasks: No chance (NC), Slight chance (SC), Moderate chance (MC), High chance (HC)							
NC/SC/MC/HC							
Throughout the day, my child's mood was... Very pleasant (VP), Pleasant (P), Unpleasant (UP), Very unpleasant (VUP)							
VP/P/UP/VUP							
In the hour before going to sleep, my child's bedtime routine included: List activities including reading a book, taking a bath, doing relaxation exercises, etc.							

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