

Sleep Log

Age 6-10

Complete the sleep log to record your child's sleep each day for 1 week. If you forget to fill in the log leave it blank for that day. If your child's sleep or daytime activity is affected by some unusual event (such as illness or travel) please make brief notes on the log. Please give your best estimate of your child's sleep after they get up in the morning.



Complete each morning

Your child's sleep last night	e.g. Fri 21.2	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Final wake up time this morning?	6.00am							
Lights out time last night?	9.00pm							
Did your child go to bed willingly? (0 = unwilling; 10 = willing)	4							
Time taken to fall asleep (mins)	75min							
Did they need a parent to get to sleep? (add notes)	Yes (stayed in their bed)							
Number of wakings overnight	2							
Did they need help to resettle?	yes							
Length of time awake overnight (total)	~60 min							
How long did they sleep all together?	7hr 30							
How alert/refreshed was your child on waking? 0 = not at all 10 = completely	6							
Any caffeine within 5 hours of bed? (coffee/tea/energy drinks/cola)	nil							
Any sleep medication taken?	nil							

Your Child's Day today

Complete each evening

How energetic was your child today? 0 = none 10 = maximum	5							
Was your child in good spirits today? 0 = sad/irritable 10 = happy/easy going	5							
What did your child do in the 30 mins before bed? (read, TV, computer, playing)	TV							