



INSTITUTE OF SLEEP MEDICINE

One Week Sleep Diary

Checklist	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Time I got into bed - Time the lights went out-							
Time I woke up the next day							
Number of Hours I slept							
Which number are you? When I woke up I felt: 1- not tired at all 2- little Tired 3- really tired							



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Check off which of these activities your child partakes in 1 Hour before bed

Activity	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Read a book							
Used the computer/ Played Video Games							
Play with Toys/ Games							
Did Exercise / Sport							
Watched TV							
Had A snack							
Listened to Music							