Kids Sleep Diary

NAME: _____ AGE: _____

Every morning when you get up complete the sleep diary for the previous night.
For example, on Monday morning fill in the information for Sunday night.

	1 LAST NIGHT I WENT TO BED AT:	**2 THIS MORNING I WOKE UP AT:**	**3 IT TOOK ABOUT ___MINUTES TO FALL ASLEEP:**	**4 TOTAL AMOUNT OF SLEEP:**
Monday (example)	9:00	6:30	15	9hr 15min
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				