7 Day Sleep Diary: Child (5-10 years)

Instructions
Complete your sleep diary for 7-14 days. Fill it in within an hour of getting out of bed in the morning, and in the evening. If you forget to fill in the diary leave it blank for that day.
If your sleep or daytime functioning is affected by some unusual event (such as an illness or an emergency) please make brief notes in the comments section.
Don't worry about giving exact times, and you should not watch the clock. Just give your best estimate.

Child's Name:

Complete in the MORNING - Your sleep last night	*This coloumn shows example diary entries - use as a model for your own diary.*							
Today's day and date	*Mon, 12/2*							
What time did your child get into bed last night?	*9:00 PM*							
What time did they try to go to sleep? i.e. lights out	*9:30 PM*							
Did they take any medications to help them sleep? (If yes, please list medications, dose and time taken)	*Melatonin gummy 1 mg; 6pm*							
How long did it take them to fall asleep? (Approximately; In minutes)	*55*							
Was anything needed to help them fall asleep? e.g. rocking, singing, books, parent to stay with them etc	*Rocking, parent sitting in room*							
How many times did they wake up, not counting their final awakening?	*3*							
Where did they sleep? e.g. parents bed, own bed, toddler bed etc	*Toddler bed*							
In total, how long did these awakenings last? (In minutes)	*70*							
Did they need help to settle back into sleep?	*Yes, brought into parent bed*							
What time did they wake up this morning?	*6:35 AM*							
What time did they get out of bed this morning?	*7:20 AM*							
About how long were they in bed in total? (Asleep and awake) (In hours:minutes)	*10:20*							
About how long do you think they slept in total? (In hours)	*7*							
How would you rate the quality of their sleep? (1 = very poor, 5 = very good)	*3*							
How rested or refreshed do you feel they were when they woke up for the day? (1 = not at all, 5 = very well rested)	*2*							
Complete in the EVENING - Your day today								
How much energy did your child have today? (0 = no energy, 10 = great)	*6*							
How was their mood today? (0 = awful, 10 = great)	*7*							
How many times did they nap/doze, and what times.	*2 times; 1pm; 6.30pm.*							
In total, how long did they nap? (In minutes)	*40*							
How many soft drinks did they have today?	*2*							
How much exercise did they do today? (Approximately; In minutes)	*20*							
What did your child do in the hour before bedtime?	*Watched TV*							
Comments (if applicable)	*I have a cold*							