SLEEP DIARY

Good sleep is important for the health and happiness of every person, no matter how old or young. Without getting enough sleep, it can be hard to stay awake, pay attention, and enjoy the day.

Did You Know?

Getting enough sleep helps you stay healthy, safe, and feeling good.

A good night's sleep will help...

* You remember what you learned all day.
* You have more energy for sports and playing.
* Your body fight germs and illness better.
* You to pay attention.
* You feel better about yourself!

Tips To Help You Get A Good Night's Sleep

Do:

* Sleep 10 to 11 hours (ages 5-12) every night.
* Go to bed at the same time every night.
* Follow a bedtime routine by doing the same relaxing activities every night before bed – like reading or listening to quiet music.
* Exercise during the day.
* Have a light snack or warm glass of milk before bed, if you are hungry.
* Keep your bedroom cool, dark, and quiet.

Do Not:

* Stay up late.
* Go to bed at different times each night.
* Watch TV or play video games because they can disturb your sleep.
* Exercise too close to bedtime (3 hours or sooner).
* Drink soda or eat chocolate because they contain caffeine, which can make it hard to sleep.
* Have TV's, computers, video games, loud noises or bright lights in your bedroom. They can bother you while you sleep.

This **Sleep Diary** is a fun way to help you, your parents and your doctor talk about the importance of sleep. Each day you will answer several questions about your sleep. Starting any day of the week, fill out the sleep diary for seven days. The last page has an activity for the end of the week.

HAVE FUN!

_____'s Sleep Diary

(Write your name here)

Fill in these blanks with your information.

I am _____ years old and in _____ grade.

This is the week of _____ _____, _____
(Month) (Date) (Year)

1. Complete Before Going to Bed

• What did you drink today?

In the space inside each can, write the number of cans/bottles of caffeinated drinks, such as soda and tea, you had each day of the week. Remember, caffeine in drinks can keep you from sleeping well.

• Check off any of these activities you did in the HOUR before going to bed.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Read a book							
Used the Computer							
Played with Toys/Games							
Exercised/ Played Sports							
Watched TV							
Played Video Games							
Listened to Music							
Had a Snack							
Took a Bath/ Shower							
Talked on the Phone							
Did Homework							

2. Complete When You Wake Up

• How did you sleep?

Answer the first two questions by circling YES or NO. Write your answer to the last question.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Did you have trouble falling asleep?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you wake up during the night?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Who or what woke you up during the night?							

• How much sleep did you get last night?

Color in the boxes from the time you fell asleep last night until the time you woke up this morning. Count the number of boxes you colored in to figure out how many hours you slept. Write the number of hours you slept below each day.

EXAMPLE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:30 PM	7:30 PM	7:30 PM	7:30 PM	7:30 PM	7:30 PM	7:30 PM	7:30 PM
8:00 PM	8:00 PM	8:00 PM	8:00 PM	8:00 PM	8:00 PM	8:00 PM	8:00 PM
8:30 PM	8:30 PM	8:30 PM	8:30 PM	8:30 PM	8:30 PM	8:30 PM	8:30 PM
9:00 PM	9:00 PM	9:00 PM	9:00 PM	9:00 PM	9:00 PM	9:00 PM	9:00 PM
9:30 PM	9:30 PM	9:30 PM	9:30 PM	9:30 PM	9:30 PM	9:30 PM	9:30 PM
10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 PM
10:30 PM	10:30 PM	10:30 PM	10:30 PM	10:30 PM	10:30 PM	10:30 PM	10:30 PM
11:00 PM	11:00 PM	11:00 PM	11:00 PM	11:00 PM	11:00 PM	11:00 PM	11:00 PM
11:30 PM	11:30 PM	11:30 PM	11:30 PM	11:30 PM	11:30 PM	11:30 PM	11:30 PM
12:00 AM	12:00 AM	12:00 AM	12:00 AM	12:00 AM	12:00 AM	12:00 AM	12:00 AM
12:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM
1:00 AM	1:00 AM	1:00 AM	1:00 AM	1:00 AM	1:00 AM	1:00 AM	1:00 AM
1:30 AM	1:30 AM	1:30 AM	1:30 AM	1:30 AM	1:30 AM	1:30 AM	1:30 AM
2:00 AM	2:00 AM	2:00 AM	2:00 AM	2:00 AM	2:00 AM	2:00 AM	2:00 AM
2:30 AM	2:30 AM	2:30 AM	2:30 AM	2:30 AM	2:30 AM	2:30 AM	2:30 AM
3:00 AM	3:00 AM	3:00 AM	3:00 AM	3:00 AM	3:00 AM	3:00 AM	3:00 AM
3:30 AM	3:30 AM	3:30 AM	3:30 AM	3:30 AM	3:30 AM	3:30 AM	3:30 AM
4:00 AM	4:00 AM	4:00 AM	4:00 AM	4:00 AM	4:00 AM	4:00 AM	4:00 AM
4:30 AM	4:30 AM	4:30 AM	4:30 AM	4:30 AM	4:30 AM	4:30 AM	4:30 AM
5:00 AM	5:00 AM	5:00 AM	5:00 AM	5:00 AM	5:00 AM	5:00 AM	5:00 AM
5:30 AM	5:30 AM	5:30 AM	5:30 AM	5:30 AM	5:30 AM	5:30 AM	5:30 AM
6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM	6:00 AM
6:30 AM	6:30 AM	6:30 AM	6:30 AM	6:30 AM	6:30 AM	6:30 AM	6:30 AM
7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM
7:30 AM	7:30 AM	7:30 AM	7:30 AM	7:30 AM	7:30 AM	7:30 AM	7:30 AM
8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM	8:00 AM
8:30 AM	8:30 AM	8:30 AM	8:30 AM	8:30 AM	8:30 AM	8:30 AM	8:30 AM
9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM
9:30 AM	9:30 AM	9:30 AM	9:30 AM	9:30 AM	9:30 AM	9:30 AM	9:30 AM
10:00 AM	10:00 AM	10:00 AM	10:00 AM	10:00 AM	10:00 AM	10:00 AM	10:00 AM
I slept 11 hours.	I slept _____ hours.	I slept _____ hours.	I slept _____ hours.	I slept _____ hours.	I slept _____ hours.	I slept _____ hours.	I slept _____ hours.

3. Complete At The End of the Day

• How did you feel during the day?

Color in the boxes up to the number that describes how you felt each day.

• How much energy did you have today?

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Full of energy	5							
	4							
Some energy	3							
	2							
No energy	1							

• How awake were you today?

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Wide Awake	5							
	4							
Awake but a little sleepy	3							
	2							
Very sleepy	1							

• How did you do in school today?

		Monday	Tuesday	Wednesday	Thursday	Friday
Paid attention in all my classes	5					
	4					
Paid attention some of the time	3					
	2					
Couldn't pay attention	1					

Answer these questions by circling YES or NO

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Did you fall asleep when you didn't mean to?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you take a nap?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

4. Complete At The End of The Week

Use your completed Sections 2 and 3 for this Section. In Part A, think about the day you had the **least** number of hours of sleep this week. In Part B, think about the day you had the **most** hours of sleep. In the blank box in each part, draw or write how you felt on that day.

A. Day with LEAST Hours of Sleep

- On _____ (write the day of the week),
  I had _____ hours of sleep.
- My energy level was: (use your response from Section 3)

1 2 3 4 5

No Energy **Full of Energy**

- Draw or write how you felt below.

B. Day with MOST Hours of Sleep

- On _____ (write the day of the week),
  I had _____ hours of sleep.
- My energy level was: (use your response from Section 3)

1 2 3 4 5

No Energy **Full of Energy**

- Draw or write how you felt below.

• Think about your results.

* Did you feel different on the two days?

* If so, why do you think you felt different?

* Which day did you feel better?

When you are finished filling out your sleep diary, bring it to your next doctor's appointment so you can talk about sleep with your doctor.

BEST REST TEST

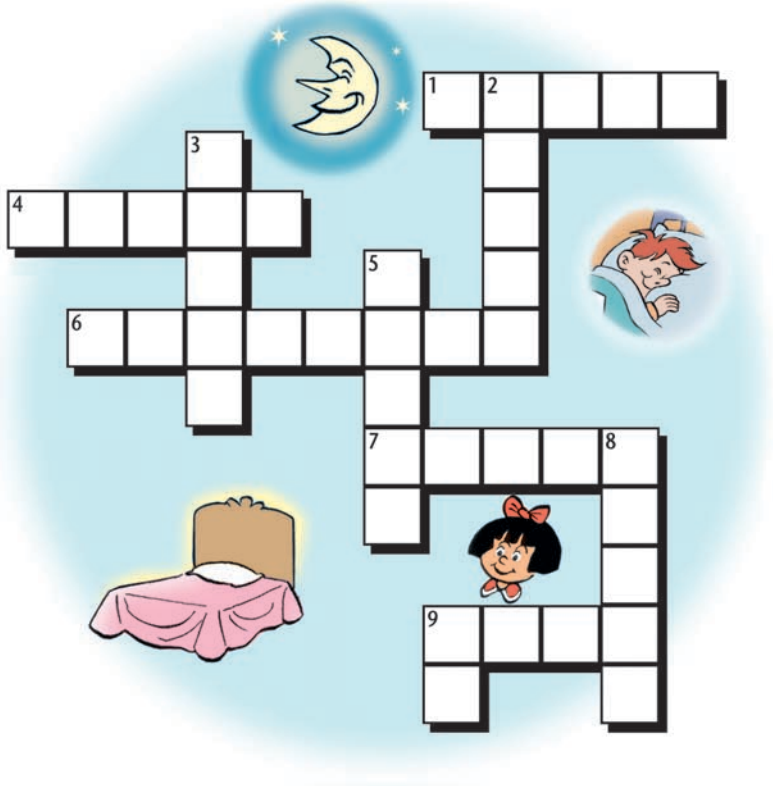
Solve this crossword puzzle to learn more about sleep! ACROSS clues describe Sleep Helpers. DOWN clues describe Sleep Stealers. (Answers at bottom of page.)

ACROSS

1. If you are hungry before bed, have a glass of milk or a light __ __ __ __ __ .
4. Calm down before bedtime to help you __ __ __ __ __ .
6. At least 3 hours before bedtime, to be healthy and active, take time to __ __ __ __ __ __ __ __ .
7. Each night, children need to sleep 10 to 11 __ __ __ __ __ .
9. For good sleep, it's important to go to bed at a regular __ __ __ __ .

DOWN

2. Dogs, TV, and even cuckoo clocks can bother you by making too much __ __ __ __ __ .
3. You can get too excited to sleep well if right before bed you play computer or video __ __ __ __ __ .
5. Your sleep can be disturbed if your room has a bright __ __ __ __ __ .
8. Caffeine that is in chocolate and some sodas can disturb your __ __ __ __ __ .
9. Some people don't sleep well if before bedtime they watch __ __ .



Look around your room. Do you see any "Sleep Stealers" that disturb your sleep? Ask your parents to help you remove anything from your room that keeps you from having a good night's sleep.

• Talk to your parents and your doctor if you:

* Have difficulty falling or staying asleep
* Snore or have trouble breathing while you sleep
* Have weird feelings or "growing pains" in your legs
* Feel sleepy or tired during the day

National Sleep Foundation
To learn more about sleep, visit our website at **www.sleepfoundation.org**

ANSWERS
Across: 1. Snack 4. Relax 6. Exercise 7. Hours 9. Time
Down: 2. Noise 3. Games 5. Light 8. Sleep 9. TV

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