** 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!



Fill in these b	lanks with you	r informatio	n,					
	I am					gra	de.	
101 12	This is t					(Date)	,	(ear)
1. Con	plete	Befo	re Go	ing t	o Bec	1		
	lid you d		•	/I _ 1 _ C	<i>cc</i> · 1 · 1			
each day o	nside each can, f the week. Re Mond	member, caf	feine in drin	ks can keep y Wednesday	you from sleet Thursda	eping well. Y Frie	lay S	saturday
	,	Sunday	Monday	Tuesday	Wednesday		Friday	Saturday
	Read a book							
	Used the Computer							
	Played with Toys/Games							
	Exercised/ Played Sports							
	Watched TV							
	Played Video Games							
	Listened to Music							
E BOOK	Had a Snack							
	Took a Bath/ Shower							
PARTIE	Talked on the Phone							
	Did Homework							

(Write your name here)

's Sleep Diary

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	<u>Friday</u>	Saturday	
7:30 PM	7:30 PM	7:30 PM	7:30 PM	7:30 РМ	7:30 РМ	7:30 РМ	7:30 PM	
8:00 PM	8:00 PM	8:00 PM	8:00 PM					
8:30 PM	8:30 РМ	8:30 PM	8:30 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					
10:00 PM	10:00 PM	10:00 PM	10:00 PM	10:00 РМ	10:00 PM	10:00 РМ	10:00 PM	
10:30 PM	10:30 PM	10:30 PM	10:30 PM	10:30 РМ	10:30 РМ	10:30 РМ	10:30 PM	
11:00 PM	11:00 PM	11:00 PM	11:00 PM	11:00 РМ	11:00 PM	11:00 PM	11:00 PM	
11:30 PM	11:30 PM	11:30 PM	11:30 PM	11:30 РМ	11:30 PM	11:30 РМ	11:30 PM	
12:00 AM	12:00 AM	12:00 AM	12:00 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					
1:30 AM	1:30 AM	1:30 AM	1:30 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					
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5:00 AM	5:00 AM	5:00 AM	5:00 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					
6:30 AM	6:30 AM	6:30 AM	6:30 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					
8:00 AM	8:00 AM	8:00 AM	8:00 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					
9:30 AM	9:30 AM	9:30 AM	9:30 AM					
10:00 AM	10:00 AM	10:00 AM	10:00 AM					
I slept	I slept	I slept	I slept					
hours.	hours.	hours.	hours.	hours.	hours.	hours.	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		4,712			5447		
V 10 10	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					7

Answer these questions by circling YES or NO

	Mond	lay	Tues	day	Wedn	esday	Thu	rsday	Frie	day	Satu	rday	Sun	day
Did you fall asleep when you didn't mean to?	Yes I	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Did you take a nap?	Yes 1	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. Part A is based on the day you had the **least** number of hours of sleep this week. Part B deals with 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	B. Day with MOST Hours of Sleep
On (write the day of the week), I had 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)	My energy level was: (use your response from Section 3)
1 2 3 4 5 No Energy Full of Energy	1 2 3 4 5 No Energy Full of Energy
Draw or write how you felt below.	• 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?

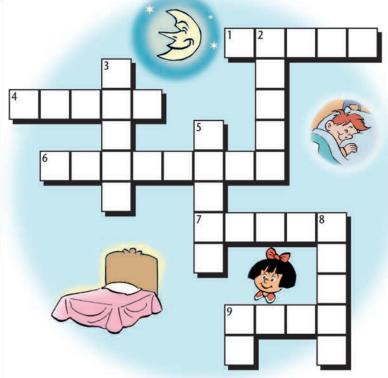
When you are finished filling out your sleep diary, bring it to your next doctor's appointment so you can talk about sleep with your doctor.



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
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
A. Relax 6. Exercise
7. Hours: 9. Time
Down: 2. Noise
3. Cames 5. Light
8. Sleep 9. IV