

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.

Sunday



Monday



Tuesday



Wednesday



Thursday



Friday



Saturday



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



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

	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.

Did you have trouble falling asleep?	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
	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.

[illegible]

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

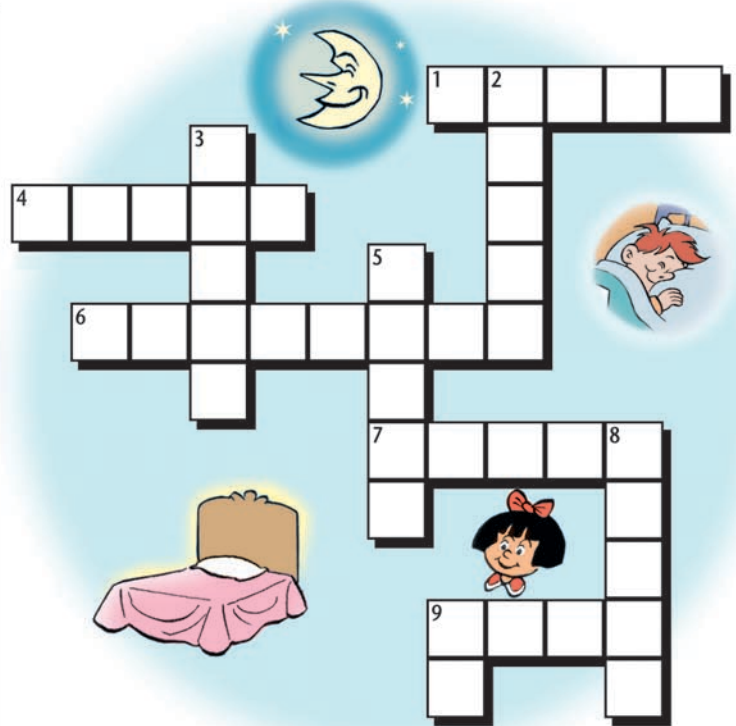
Solve this crossword puzzle to learn more about sleep! ACROSS clues describe Sleep Helpers. DOWN clues describe Sleep Stealers. (Answers at bottom of page.)

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

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