

Sleep Journal	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Nighttime routine							
Time nighttime routine started							
Time child lays in bed							
How many times child gets out of bed prior to sleeping							
Time your child falls asleep							
Amount of time taken to fall asleep							
How many night awakenings occur							
How long child was awake overnight							
Time awake in the morning							
Additional details							