

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 fell asleep							
Amount of time taken to fall asleep							
How many night awakenings occurred							
How long was the child awake through the night							
Time child woke in the morning							
Additional details							