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| Day of Week (circle): Mon Tues Wed Thurs Fri Sat Sun ID: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ANSWER 1 – 9 JUST AFTER YOUR CHILD WAKES UP**   1. *Number of times child awakened during the night*: \_\_\_ 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4+ *For a total of*  \_\_\_\_\_\_ minutes 2. *Child’s sleep disturbed last night by* (*you can check more than one*): \_\_\_ Did not wake during night \_\_\_ Noise \_\_\_ Bathroom \_\_\_ Body aches/sick   \_\_\_ Too hot or cold \_\_\_ Other person \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. *Did child get enough sleep last night*? \_\_\_ No way! Not enough sleep \_\_\_ Sort of the right amount \_\_\_ Yes! S/he slept the needed amount 2. *Overall, child’s sleep last night was*: \_\_\_ Very poor \_\_\_ Poor \_\_\_ Okay \_\_\_ Good \_\_\_ Very good 3. *Did child awaken before you today*? \_\_\_ Yes \_\_\_ No 4. *Time child finally woke up today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* AM / PM (circle one) 5. *Child was awakened by*: \_\_\_ Just woke up \_\_\_ Noise \_\_\_ Parent/other person \_\_\_ Alarm \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. *Time child finally got out of bed today*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM (circle one) 7. *This morning child felt*: \_\_\_ Very tired \_\_\_ A little tired \_\_\_ Somewhat awake and rested \_\_\_ Wide awake and well-rested   **STOP! Finish The Rest Of The Questions Later** |
| **ANSWER 10-26 AFTER CHILD FALLS ASLEEP AT NIGHT**   1. *Did any of these happen today*? \_\_\_ None happened \_\_\_ Holiday/vacation \_\_\_ Child attended school/daycare \_\_\_ School/day care delayed   \_\_\_School/daycare cancelled \_\_\_ Child sick \_\_\_ Other event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. ***Overall****, child’s mood today: \_\_\_\_* Very bad mood \_\_\_\_ Sort of Bad mood \_\_\_\_ Pretty good mood \_\_\_\_Very good mood 2. ***Overall****, child’s level of alertness today:* \_\_\_ Very tired \_\_\_ A little tired \_\_\_ Somewhat alert/energetic \_\_\_ Very alert/energetic 3. *Any stress today for child*? \_\_\_ Almost none \_\_\_ A little stress \_\_\_ A medium amount of stress \_\_\_ A lot of stress 4. *Any excitement today for child*? \_\_\_ Almost none \_\_\_ A little excitement \_\_\_ A medium amount of excitement \_\_\_ A lot of excitement 5. *Any* ***scheduled*** *nap opportunities during the day?* \_\_\_ Yes \_\_\_ No nap opportunity   Start time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM End Time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM (circle one) Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did your child fall asleep? \_\_\_Yes \_\_\_No   1. *Any accidental naps/sleep during the day?* \_\_\_ No accidental nap today OR   \_\_\_Start time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM End Time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM (circle one) Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. *Child’s mood after waking from nap today:* \_\_\_ Very bad mood \_\_\_ Sort of a bad mood \_\_\_ Pretty good mood \_\_\_ Very good mood \_\_\_N/A 2. *Any caffeine today*? \_\_\_ No caffeine today OR   \_\_\_ Caffeine #1: Time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM Type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Caffeine #2: Time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM Type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. *Any medicine today*? \_\_\_No medicine today OR   \_\_\_Medicine #1 Time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM Type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Medicine #2: Time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM Type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. *Took watch off today because:* \_\_\_ Did not take the watch off today OR   Time Off? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM Time Back On? \_\_\_\_\_\_\_\_\_\_\_\_ AM / PM Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time Off? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM Time Back On? \_\_\_\_\_\_\_\_\_\_\_\_ AM / PM Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time Off? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM Time Back On? \_\_\_\_\_\_\_\_\_\_\_\_ AM / PM Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. *Tonight, child got into bed at (time):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM (circle one) 2. *Lights out/child tried to fall asleep at (time):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM (circle one) 3. *Length of time (minutes) for child to fall asleep after turning the lights out*: \_\_\_\_­­\_\_ minutes 4. *In the last hour before “lights out” child did the following (check all that apply)*  |  |  | | --- | --- | | \_\_\_ Played on computer / iPad  \_\_\_ Played video games  \_\_\_ Watched TV  \_\_\_ Played with games / toys  \_\_\_ Listened to music  \_\_\_ Ate dinner  \_\_\_ Ate snack  \_\_\_ Shower/bath | \_\_\_ Brushed teeth  \_\_\_ Washed face  \_\_\_ Quiet activity like reading  \_\_\_ Played with brother/sister/parent/other person  \_\_\_ Felt strong positive emotions (excited, happy)  \_\_\_ Felt strong negative emotions (sadness, anger)  \_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  1. *The LAST activity child did before “lights out” (trying to sleep) was*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long? \_\_\_\_\_\_\_ mins |
| 1. Tell us something “special” that happened today (e.g., went to a movie, visited a friend, went out to eat, etc.):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **STOP!!! End Of Diary For Today** |