

## PEDIATRIC SLEEP LOG

Patient's name, age: \_\_\_\_\_

**Instructions:**

Shade in the periods when you were asleep  
 Leave blank if awake but still in bed

Mark your bedtime and any nap times with downward arrows ↓  
 Mark the time you get up in the morning and after any naps with upward arrow ↑

Under comments, indicate any observations (e.g., snoring while asleep), factors that may have interfered (e.g., caffeine, heavy meal), or facilitated (e.g., meds) sleep.

**Example:** To bed at 10 PM, slept at 11 PM, stayed asleep until 4 AM, woke up but stayed in bed, out of bed at 6 AM; took melatonin at 9 pm

Date: Day:

1																				↓	Melatonin at 9 pm	
2							↑															

Date: Day:    Midnight    2 AM    4 AM    6 AM    8 AM    10 AM    Noon    2 PM    4 PM    6 PM    8 PM    10 PM    Comments

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