

PAEDIATRIC SLEEP CLINIC

Name.....Starting date.....

Day	Example							
Medication for sleep								
Into bed at..... Lights out at.....								
Fell asleep								
Where slept								
Sleep broken times in night								
Minutes awake for each wake								
How I fell back to sleep								
Last waking up time								
When I got up I felt 1 = exhausted to 5 - refreshed								
Overall my sleep was 1= very restless to 5 = very sound								
Overall my sleep was 1= very restless to 5 = very sound								

How much of a problem is your sleep at the moment? 1 2 3 4 5
 None A bit more than a bit A lot A great deal

How stressed are you about your sleep at the moment? 1 2 3 4 5
 None A bit more than a bit A lot A great deal