



CATALIGHT™

Sleep Diary

Complete at the End of the Day

Day of the Week	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
My child got into bed last night at:							
Last night my child fell asleep	Easy	Easy	Easy	Easy	Easy	Easy	Easy
	After some time	After some time	After some time	After some time	After some time	After some time	After some time
	With difficulty	With difficulty	With difficulty	With difficulty	With difficulty	With difficulty	With difficulty
My child woke up during the night	# of times: # of minutes:	# of times: # of minutes:	# of times: # of minutes:	# of times: # of minutes:	# of times: # of minutes:	# of times: # of minutes:	# of times: # of minutes:
My child got out of bed today at:							
My child slept a total of:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:	Hours:
Additional notes:							



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Day of the Week	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
My child exercised today	Yes/No How long?	Yes/No How long?	Yes/No How long?	Yes/No How long?	Yes/No How long?	Yes/No How long?	Yes/No How long?
My child took medication today	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
My child took a nap	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
How long did they nap?							