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**Sleep Diary**

**Write these in your note books.**

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| --- | --- | --- | --- | --- | --- | --- |
| Day | What time did you go to bed? | Can you remember waking up at any point during the night? | Did you play any games right before bed or did you read a book? | Do you share your bedroom with any siblings? | At what time did you wake up? | Rate your sleep on a scale of 1-5 on how rested you felt in the morning  1 - Not rested at all  5 - completely rested and recharged ready to go again |
| **Monday** |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |