

Australian Centre for Education in Sleep (ACES)

Name.....

Starting date.....

Day	Example							
Medication for sleep	lavender							
Into bed at..... Lights out at.....	7.30 PM 7.45							
Fell asleep	8.00 PM							
Where slept	In my own bed							
Sleep broken times in night	One time							
Minutes awake for each wake	10 minutes							
How I fell back to sleep	Alone							
Last waking up time	7.00 AM							
When I got up I felt 1 = exhausted to 5 - refreshed	3							
Overall, my sleep was 1= very restless to 5 = very sound	3							

How much of a problem is your/your child's 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 /your child's sleep at the moment?

1	2	3	4	5
None	A bit	More than a bit	A lot	A great deal