

The sleep diary: a tool for understanding, adapting and communicating

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Here's a <u>sleep diary (pdf)</u> to help little ones (and adults) get a good night's sleep.

There are several advantages to using a sleep diary, especially for those seeking to better understand and manage their child's sleep habits.

It's a tool that can also help parents become more aware of their <u>own vital needs of sleep</u> and take steps to <u>manage their fatigue</u>. It can help determine who needs to sleep, your child or you ... maybe both!

Identify sleep habits and help change them

Identification is the starting point for effective life change. "**Taking the pulse**" of the situation helps to clarify things, and to decide **where to start** modifying certain habits.

For example, <u>regular bedtime and wake-up times are essential</u> to help babies, children and their parents fall asleep and improve sleep quality. A sleep diary enables us to check whether, for example, our child regularly goes to bed around 20h, or between 7h30 and 8h30, over a period of one, two or even three weeks.

After a certain period of time, this tool makes it possible to **objectively assess the regularity of schedules,** and to make decisions as a family if irregularities are observed.

The sleep diary can then help maintain new habits that have been put in place, and to observe whether the child's condition is improving.

Communicating with healthcare and early childhood professionals

The concrete data collected can be shared with a doctor or sleep specialist **to diagnose and treat sleep disorders.**

The diary can also be a **valuable tool to be shared, or even completed in collaboration** with the people who look after the child during the day, to provide a concrete basis for dialogue about <u>naps and its transition</u>, for example.

In short, a sleep diary is a valuable tool for monitoring, understanding and improving sleep habits ... for the whole family! It can have a positive impact on children's development, overall health and well-being.

To be completed preferably in the evening after putting your child to bed or during the day.



| | EXEMPLE | DAY1 | DAY 2 | DAY 3 | DAY 4 | DAY 5 | DAY 6 | DAY7 |
|--|----------------------------|------|--------|-------|---------|---------|------------|---------|
| Last night, how many awakenings were reported and approximately how long did they last? | 2 | | | | | | | |
| (The awakenings reported are those that required your intervention to help your child get back to sleep) | 10 min 15 min | | | | | | | |
| Wake-up time? | 7h15 | | | | | | | |
| For each nap, note the time ? and how long it lasts ? | 9 h 15 > 1h30 13 h > 2h | | | | | | | |
| Bedtime? | 20 h | | | | | | | |
| Also note the time your child falls asleep, if it is different from bedtime. (This allows you to see if the time to fall asleep varies when your child falls asleep independently) | 20 h 20 | | | | | | | |
| In minutes, estimate the time it takes to fall asleep ? | 20 min | | | | | | | |
| How did the routine go? Note whether you were unable to complete the routine or, on the contrary, whether the 15 minutes before bed went "like clockwork". | | | | | | | | |
| How did the day go? How would you rate your child's general condition? As usual? More agitated? Angrier? Tired? | | | | | | | | |
| OTHER sleep facilitators or disruptors : Note, for example : | | | | | | | | |
| ★ Have there been any conflicts or events that could stress the child or make him more emotional? ★ Did he/she sleep in his/her own bed or was he/she visiting? Any other changes in sleeping arrangements (i.e.: feeling of | | | | | | | | |
| ★ Has your child been exposed to a screen less than an hour before bedtime? ★ Snoring? Breathing with mouth open at night? Pause in | | | | | | | | |
| ★ Did he/she play outside or get a "dose" of sunshine today? ★ Sleep terrors? Nightmares? | | | | | | | | |
| ★ Is he/she sick? Cold? Fever? Etc. ★ Has he/she taken any prescription or over-the-counter medication that might affect sleep (positively or negatively)? ★ Any other observations you deem relevant to your child's personal needs. | | | | | | | | |
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