BIRCH & LIGHT®

Your Child's Two-Week Sleep Diary

Two weeks. About a minute a day. Estimates are fine.

Your child's sleep is one of the few things you can watch for two weeks and learn something real from, because a clinician can do far more with fourteen real nights than with one tired memory of how bedtime goes.

So this diary has somewhere to go: your child's pediatrician, family doctor, nurse practitioner, or a sleep specialist if you are already seeing one. If you do not have a visit booked yet, book one and start filling this in today. Two weeks is about the right run-up, and you will walk in with something to show instead of something to describe.

You are not being tested and neither is your child. Fill in what you know and leave the rest.

What fourteen nights actually show

A diary answers nothing by itself. What it does is separate questions that look identical from inside the week.

Trouble falling asleep and trouble staying asleep are different problems with different answers, and the grid keeps them apart. A wide gap between school nights and free nights is a third question again, and it stays invisible unless you record both kinds of night.

Anything to do with breathing sits outside all of that and is the most urgent. Snoring on most nights, gasping, or pauses are reasons to say something at the visit rather than wait out the two weeks.

Which of these it is, if it is any of them, is the clinician's call. Your part is the fourteen rows.

How to fill it in

About a minute each morning. Estimates are fine.

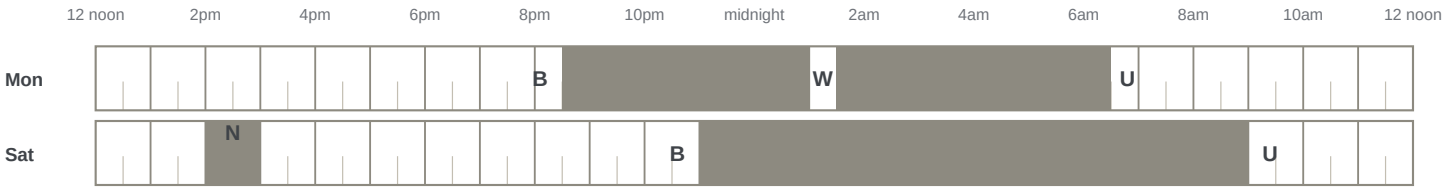
1. Fill it in in the morning, not the night before. You will remember the night better than you will predict it.
2. Each row is one night. The row starts at noon and ends at noon the next day, so a night is never split in two.
3. Shade the half hours your child was asleep. Guess. Nobody expects you to have watched the clock.
4. Mark B where they got into bed and U where they were up for the day. Add W for a night waking and N for a nap.
5. Circle the four numbers in the strip under each row for how the next day went.
6. If you miss a night, leave it blank and carry on. A diary with eleven good rows is still useful. Starting over is not.

How to mark each day

▇	Asleep. Shade every half hour you think your child was asleep.
B	Got into bed (even if they were still awake).
U	Up for the day.
W	Woke in the night. Put a W roughly when it happened.
N	Nap. Shade it like any other sleep and write N above it.
?	You are not sure. Put a ? and move on. Gaps are fine.

A filled-in example

A made-up child, not a real one, and not a target to aim at. Sam is 9. Night one is an ordinary school night. Night two is a Saturday with a late film and an afternoon nap.



What a clinician sees and a parent inside the week cannot: on a school night Sam is in bed at 8pm and not asleep until about 8.30, and on a free night he does not fall asleep until 11pm and then sleeps ten hours.

This is a sleep diary, not a sleep study. It cannot diagnose any condition. Bring it to your child's clinician and let them interpret it.

Before you start

Fill this page in once. You will not have to write it again.

Child's first name or initials _____

Age _____

Today's date _____

Usual wake-up time on a school day _____

Usual wake-up time on a free day _____

Usual bedtime on a school day _____

Usual bedtime on a free day _____

Who usually does bedtime _____

Where your child usually falls asleep _____

Anything your child takes

Prescribed medicines, over-the-counter medicines, vitamins and supplements, including anything taken only some days. Copy the name, the strength and the form straight off the label rather than from memory.

> Do not start, stop or change anything because of this diary. The diary is meant to record an ordinary two weeks. Changes are a conversation to have with your child's clinician, not something to trial at home while you are measuring.

Name, as printed on the label	Strength on the label	When it is taken	Form

Form means liquid, tablet, chewable, gummy, capsule or patch. If the box says extended release, slow release or prolonged release, write that down too. It changes how a clinician reads the timing. If your child takes nothing at all, write "nothing" on the first line, which is useful information in itself.

What this does not ask of you

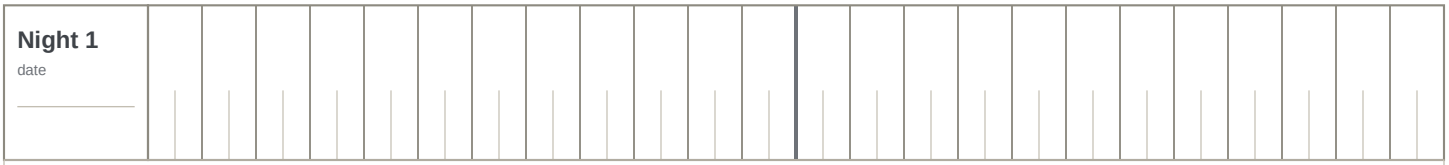
- No watch, ring, tracker or app. Nothing to charge, nothing to sync.
- No staying awake to observe, and no waking your child to check on them.
- No clock-watching. Every time on this diary is meant to be an estimate.
- No perfect two weeks. Sick days, sleepovers and late nights belong on the page, because they are part of what your clinician needs to see.

Nights 1 to 7

Each row runs from noon to noon the next day. Shade when your child was asleep.

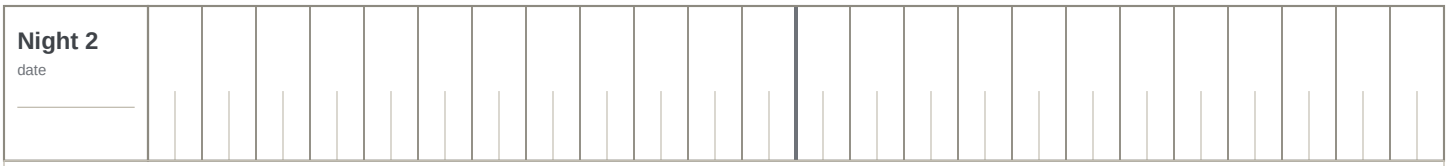
Shade = asleep B = into bed U = up for the day W = woke in the night N = nap ? = not sure
The next day, circled below each row: 1 = a fine day 5 = a hard day ? = not sure

12 noon 2pm 4pm 6pm 8pm 10pm midnight 2am 4am 6am 8am 10am 12 noon



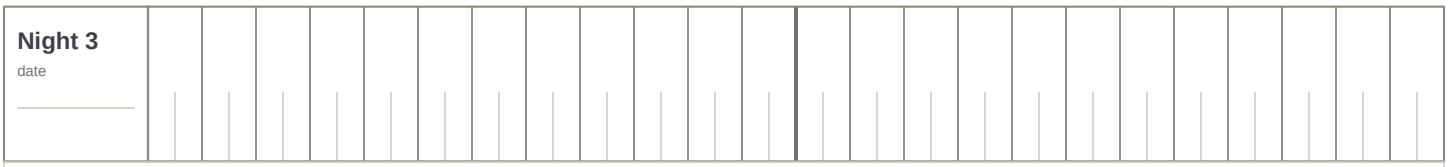
Night 1
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?



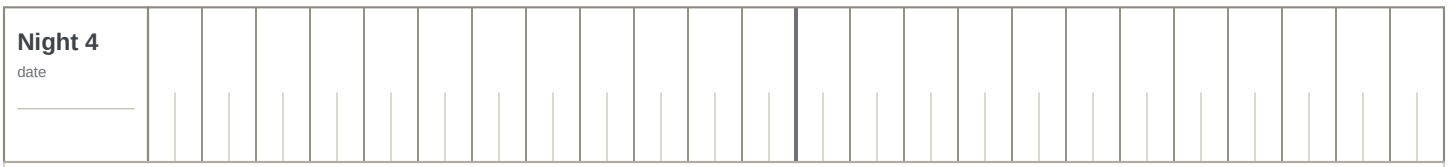
Night 2
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?



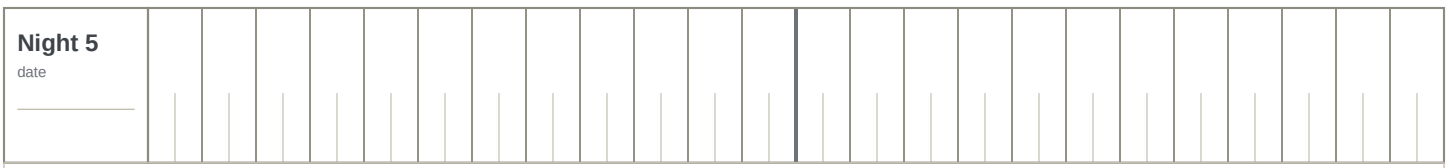
Night 3
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?



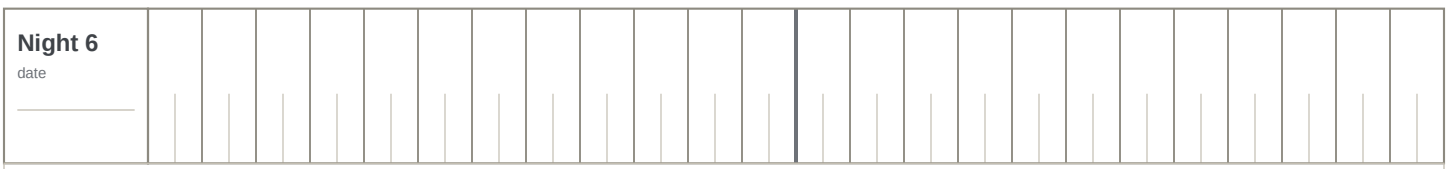
Night 4
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?



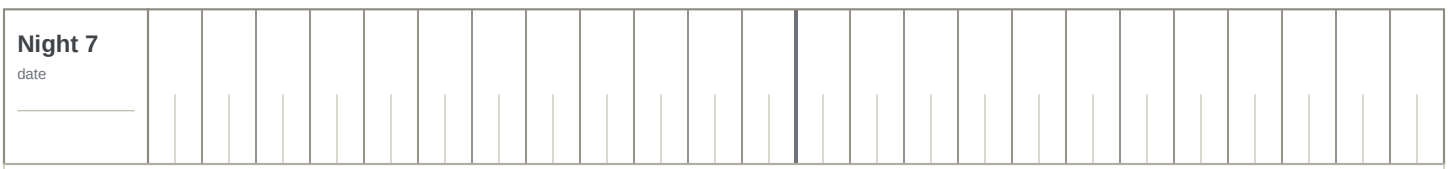
Night 5
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?



Night 6
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?



Night 7
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?

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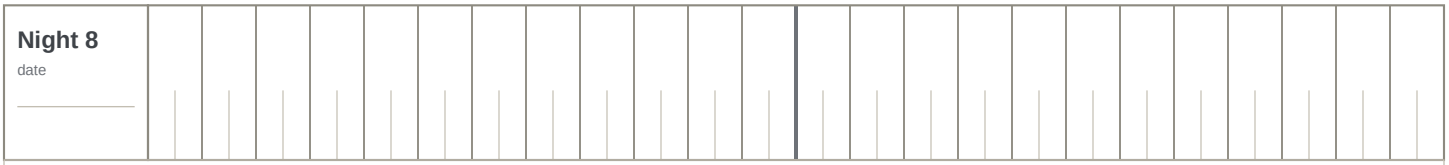
Nights 8 to 14

Each row runs from noon to noon the next day. Shade when your child was asleep.

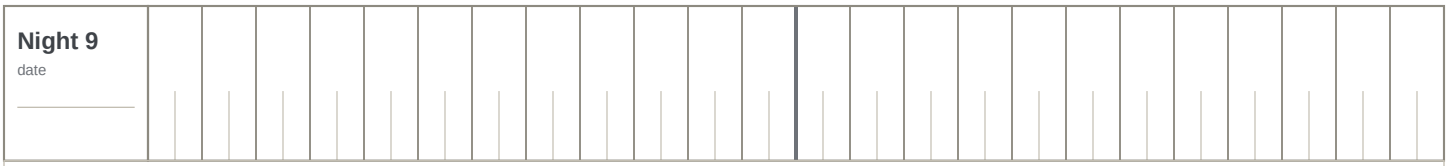
Shade = asleep B = into bed U = up for the day W = woke in the night N = nap ? = not sure
The next day, circled below each row: 1 = a fine day 5 = a hard day ? = not sure

12 noon 2pm 4pm 6pm 8pm 10pm midnight 2am 4am 6am 8am 10am 12 noon



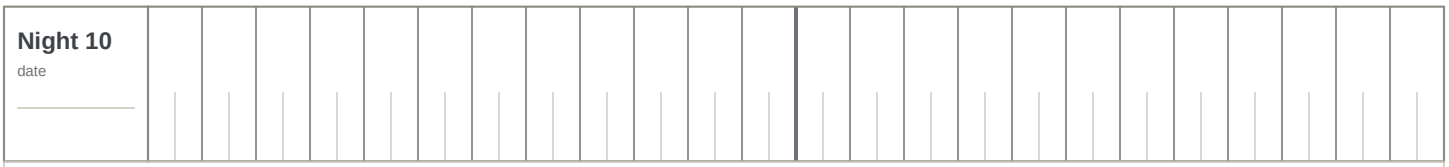
Night 8
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?



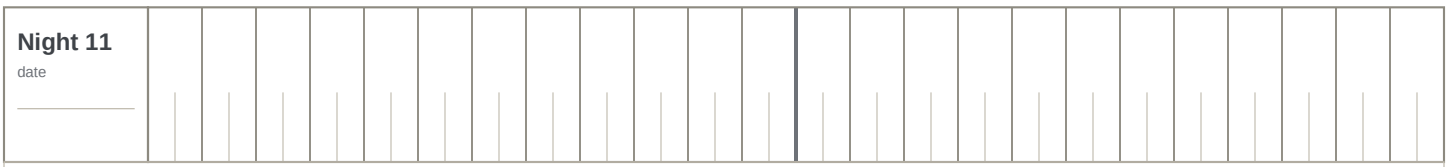
Night 9
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?



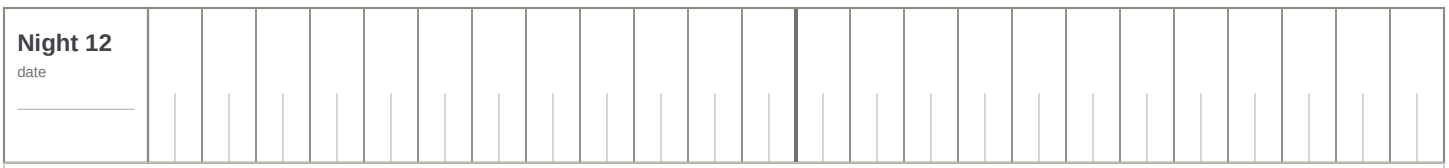
Night 10
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?



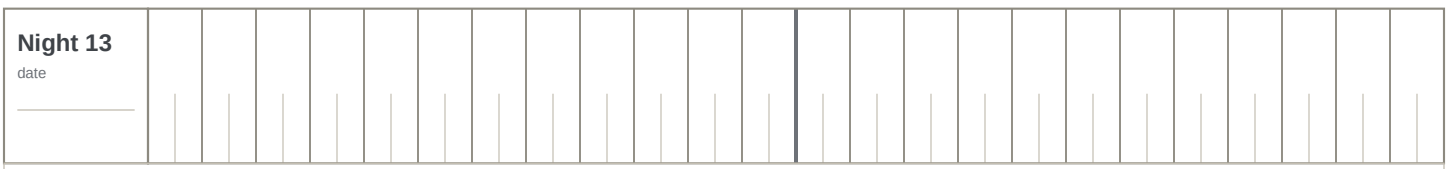
Night 11
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?



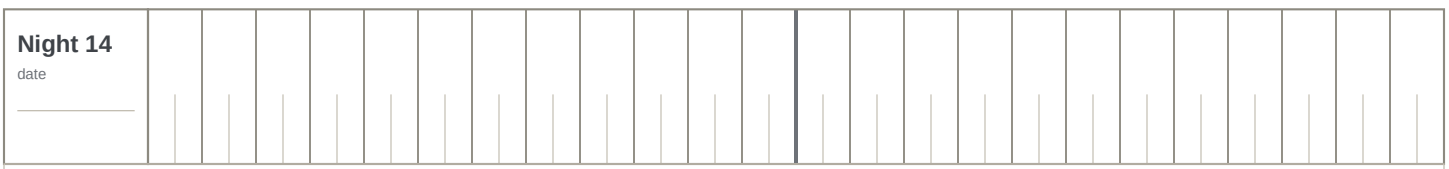
Night 12
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?



Night 13
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?



Night 14
date _____

Tired 1 2 3 4 5 ? Upset 1 2 3 4 5 ? Focus 1 2 3 4 5 ? Usual day Y N ? Anything unusual?

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What to bring to the appointment

Fill this in at the end of the two weeks, then take the whole diary to the visit.

Look back over the fourteen rows and answer from what is actually on the page. Rough numbers are fine. A clinician will read the grid themselves, so this page is a starting point for the conversation, not a verdict.

The two-week picture

On school nights my child was usually asleep at about _____

On free nights my child was usually asleep at about _____

On school days my child was usually up at about _____

On free days my child was usually up at about _____

Nights with at least one waking, out of 14 _____

Days with a nap, out of 14 _____

Shortest night, roughly _____

Longest night, roughly _____

Tell your clinician if you ticked any of these

These are reasons to raise sleep specifically, not signs that something is definitely wrong. The first two matter most: guidance for pediatricians is to ask every child about snoring, and to investigate further when a child snores regularly and has other symptoms.

- ☐ Snoring on most nights
- ☐ Breathing through the mouth, or a very restless, sweaty sleeper
- ☐ Falling asleep at school, in the car or during the day
- ☐ Bedwetting that has come back after a dry stretch
- ☐ Sleep that got noticeably worse after a medicine change
- ☐ Gasping, snorting, choking or pauses in breathing during sleep
- ☐ Headaches in the morning, or very hard to wake
- ☐ An urge to move the legs at bedtime, or legs that ache at night
- ☐ Sleepwalking, or waking screaming and not recognizing you
- ☐ Your own feeling that something about their sleep is not right

What I want to ask

A diary records a schedule. It cannot diagnose ADHD, autism, insomnia, sleep apnea or a delayed body clock, and it does not measure melatonin, breathing or oxygen. What it does is hand your clinician fourteen real nights, which is often the thing that was missing.