

# The Sleptime OT

York, PA | www.youredtc.com  
717-485-8374 | tkond423@gmail.com

## Sleep Log

Date: \_\_\_\_\_ Caregivers Involved: \_\_\_\_\_

Wake-up Time: \_\_\_\_\_ On his/her won or aroused: \_\_\_\_\_

Solid feeding times: \_\_\_\_\_ Sufficient food taken: \_\_\_\_\_

\_\_\_\_\_

Bottle/breast feeding times: \_\_\_\_\_

\_\_\_\_\_

Nap location: \_\_\_\_\_ Night Sleep Location: \_\_\_\_\_

Morning nap time and duration: \_\_\_\_\_ Woke on his/her own or aroused? \_\_\_\_\_

\_\_\_\_\_

How much caregiver soothing required? \_\_\_\_\_

\_\_\_\_\_

Afternoon nap time and duration: \_\_\_\_\_ Woke on his/her own or aroused? \_\_\_\_\_

\_\_\_\_\_

How much caregiver soothing required? \_\_\_\_\_

\_\_\_\_\_

Bath time: \_\_\_\_\_ Relaxation time: \_\_\_\_\_

Time put in crib: \_\_\_\_\_ How much fussing before sleep? \_\_\_\_\_

How much caregiver soothing required? \_\_\_\_\_

\_\_\_\_\_

Time he/she feel asleep: \_\_\_\_\_ Times awake during the night: \_\_\_\_\_

Duration: \_\_\_\_\_

Did anything disrupt your regular routine today? If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_