Sleep Diary – MENDS Trial
Version 2.1 Date: 02/07/09

PLEASE REMEMBER TO COMPLETE THE SMILEY FACES ON THE NEXT PAGE

Randomisation Sticker

Patient Initials _ _ _

	EXAMPLE															
Date dd/mm/yyyy	31/07/2007		__/__/____		__/__/____		__/__/____		__/__/____		__/__/____		__/__/____		__/__/____	
Day	Tues															
Final wakeup time	7.36am															
Daytime naps (If any)	Time	Duration	Time	Duration	Time	Duration	Time	Duration	Time	Duration	Time	Duration	Time	Duration	Time	Duration
	11.00 am	30 mins														
	3.30 pm	45 mins														
Lights out time/snuggle down	7.00pm															
Sleep start time	7.43pm															
Night Awakenings?	YES / NO?		YES / NO		YES / NO		YES / NO		YES / NO		YES / NO		YES / NO		YES / NO	
Night Awakenings (if any)	Time	Duration	Time	Duration	Time	Duration	Time	Duration	Time	Duration	Time	Duration	Time	Duration	Time	Duration
	11.15 pm	10 mins														
	1.30 am	15 mins														
	6.10 am	35 mins														
Times actiwatch removed (if any)	Time	Duration	Time	Duration	Time	Duration	Time	Duration	Time	Duration	Time	Duration	Time	Duration	Time	Duration
	6.15 pm	30 mins														

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Please rate your child's quality of sleep for each night by putting a cross under one of the faces.
In the example the child's quality of sleep has been rated as 3

Date (dd/mm/yyyy)	1	2	3	4	5	6	7
e.g. 31/07/2007	☐	☐	X	☐	☐	☐	☐
_ _/_ _/_ _ _ _	☐	☐	☐	☐	☐	☐	☐
_ _/_ _/_ _ _ _	☐	☐	☐	☐	☐	☐	☐
_ _/_ _/_ _ _ _	☐	☐	☐	☐	☐	☐	☐
_ _/_ _/_ _ _ _	☐	☐	☐	☐	☐	☐	☐
_ _/_ _/_ _ _ _	☐	☐	☐	☐	☐	☐	☐
_ _/_ _/_ _ _ _	☐	☐	☐	☐	☐	☐	☐
_ _/_ _/_ _ _ _	☐	☐	☐	☐	☐	☐	☐

If the day was unusual or may have an effect on your child's normal sleep pattern then please let us know e.g. term time or holidays or illness.

Date (dd/mm/yyyy)

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