



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



# APPRENDRE À DORMIR

	EXEMPLE	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<b>Last night,</b> how many <b>awakenings were reported</b> and approximately <b>how long did they last ?</b> (The awakenings reported are those that required your intervention to help your child get back to sleep)	2  10 min 15 min							
<b>Wake-up time ?</b>	7 h 15							
<b>For each nap,</b> note the <b>time ?</b> and <b>how long it lasts ?</b>	9 h 15 > 1h30 13 h > 2h							
<b>Bedtime ?</b> Also note the <b>time your child falls asleep, if it is different from bedtime.</b> (This allows you to see if the time to fall asleep varies when your child falls asleep independently)	20 h  20 h 20							
In minutes, estimate the <b>time it takes to fall asleep ?</b>	20 min							

<b>How did the routine go ?</b> Note whether you were unable to complete the routine or, on the contrary, whether the 15 minutes before bed went "like clockwork".								
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<b>How did the day go ?</b> How would you rate your child's general condition ? As usual ? More agitated ? Angrier ? Tired ?								
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<p><b>OTHER sleep facilitators or disruptors :</b> Note, for example :</p> <ul style="list-style-type: none"> <li>★ Have there been any conflicts or events that could <b>stress the child or make him more emotional</b> ?</li> <li>★ Has your child been exposed to a <b>screen less than an hour before bedtime</b> ?</li> <li>★ Did he/she play outside or get a <b>"dose" of sunshine</b> today ?</li> <li>★ Is he/she <b>sick</b> ? Cold ? Fever ? Etc.</li> <li>★ Has he/she taken any <b>prescription or over-the-counter medication</b> that might affect sleep (positively or negatively)?</li> </ul> <ul style="list-style-type: none"> <li>★ Did he/she sleep in his/her own bed or was he/she visiting? Any other changes in sleeping arrangements (i.e.: feeling of security, warmer place, etc.)?</li> <li>★ Snoring? Breathing with mouth open at night? Pause in breathing?</li> <li>★ Sleep terrors? Nightmares?</li> <li>★ <b>Any other observations you deem relevant</b> to your child's personal needs.</li> </ul>								
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