Sleep Diary of (child's name): _____

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A Physically active **S** Screen time (TV, computer, tablets, phones) ☒ In bed not asleep ■ Asleep (includes naps) ☐ Awake

Day	Date	AM												PM												Other comments
		0	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	

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