## Instructions for Completing the Sleep/Activity Record

1. Follow the pattern established by the 24 hour recall completed by you and your health care provider.

2. Try to write down what you or your baby is doing every 4-6 hours and keep the record convenient, such as posted on your refrigerator or near where you feed your baby.

3. Each hour is divided into 15 minute segments. Try to be as accurate as possible in recording the length of the behavior you have been asked to gather. For instance, if the feeding takes 20 minutes the recording would look like this.

15 Min.
Interval
6 7
30 Min.
Interval
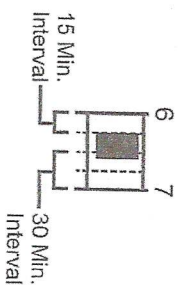
4. When gathering crying episodes, place an X for each episode of crying that lasts longer than a minute.

5. For sleep, draw a straight line _____ to indicate the time you or your baby went to sleep and until you or your baby awoke.

6. Seven days of recording is most desirable, and your accuracy on this recording will help with the interpretation.

7. If your child is in the care of someone else during the day or night, please have them keep this record as well.
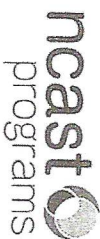
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The Sleep/Activity Record (SAR)

The Sleep/Activity Record (inside) is a 7-day, 24 hour diary designed to help you gather information about routine activities during pregnancy and the first three years of life. Use the SAR to look at any activity such as feeding, sleeping, crying, alert periods, and parent-infant activities like outings, bathing, massage, play, holding, exercising, or wearing the baby in a front pack or sling. Record an activity, event, or behavior that you would like to know more about or with which you have a concern. By doing this you can better understand how often the behavior occurs and the type of events that come before or after. Many parents find the SAR helps them better understand changes in their child's behavior given the child's age, developmental stage, or changes in the environment.

Pregnant Woman/Parent/Caregiver

Name _____

Expected date of delivery _____

Usual bedtime _____   Age _____

Usual awakening _____

Infant/Child

Child's name _____

Gestational age at birth _____   Child's age (wks./mo.) _____

Child's sex ☐ Male ☐ Female

Number of people sleeping in same room as baby _____

Location of child

During Day   ☐ Home ☐ Childcare ☐ Other _____

During Night ☐ Home ☐ Childcare ☐ Other _____

Sleep Concerns of Parent/Child

Do you have any concerns about your sleep or your baby's sleep? ☐ Yes ☐ No

If yes, please specify:

☐ Getting to Sleep   ☐ Waking Up at Night   ☐ Sleeping Wrong Time

☐ Sleeping Too Much   ☐ Sleeping Too Little

☐ Other, specify: _____

Sleep/Activity Record

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NAME _____

FIRST DAY OF/START OF RECORDING _____

Day

Day	6 AM	7	8	9	10	11	NOON	1	2	3	4	5 PM	SUMMARY
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
SUNDAY													

AVERAGE DAYTIME (divide by 7)

DAYTIME TOTALS

Night

Night	6 PM	7	8	9	10	11	MIDNIGHT	1	2	3	4	5 AM	SUMMARY
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
SUNDAY													

NIGHTTIME TOTALS

AVERAGE NIGHTTIME (divide by 7)

AVERAGE DAYTIME (from chart at top)

24 HOUR TOTALS

Symbol Key : — sleeping
■ feeding
✗ crying

Summary