

Follow-up Nap Log

Baby's Name: _____

Age: _____

Date: _____

How many days have you been following your plan? _____

Time baby fell asleep	How baby fell asleep	Where baby fell asleep	Where baby slept	How long?

1. Review the sleep hours chart on page 43:
How many naps should your baby be getting? _____
How many naps is your baby getting *now*? _____
How many hours should your baby be napping? _____
How many hours is your baby napping *now*? _____
2. Do you have a formal nap routine? _____
3. Are you watching for sleepy signs and putting your baby down for a nap as soon as you notice signs of tiredness? _____
4. Are your baby's naptimes/lengths consistent every day? _____