

Follow-up Night-Waking Log

Baby's Name: _____

Age: _____

Date: _____

How many days have you been following your plan? _____

Time	How baby woke me up	How long awake; what we did	Time baby fell back to sleep	How baby fell back to sleep	How long of a sleep stretch since fell asleep

Asleep time: _____

Awake time: _____

Total number of awakenings: _____

Longest sleep span: _____

Total hours of sleep: _____