 **Day & Date**

**Day/Evening Routine**

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| **Time**  **State the time of the action** | **Medication** | **Waking time & length** | **Action**  **What is happening now, i.e. tabletop work, pyjamas, tooth brushing, tea, tv, ipad, etc** | **Foods/Liquids**  **Type and amount** | **Behaviours**   * **How is your child responding to the action** * **Who instigated the action, i.e. child decided to watch TV, mum asked child to brush teeth** * **How long did this last** | **Environmental Issues**  **Are there any other factors, is this particular action new to routine, illness, visitors lighting noise,** |
| eg 9.40am | Eg Received melatonin at 9.40pm previous night | NA | Breakfast at kitchen table with mum | Cereal 25g | Crying, hitting out | Unwell, dad gone in car, tv on, radio on, |
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