SLEEP HEALTH INSTITUTE

Name: _____,_____ (Date of birth: __/__/____)
Date: __/__/____

DATE	6PM			9PM			12M			3AM			6AM			9AM			12N			3PM			6PM	MEDICATION	COMMENTS
3/15/2005	A			O		●———	———	———	———	———●			E					C									felt good in AM

Legend: O=in bed lights out ●———●=asleep =out of bed N∧∧∧∧N=nap A=alcohol M=medication C=caffeine E=exercise