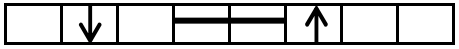
Name:_____ DOB:_____ Start Date:_____

	PM						Midnight						AM						Noon						PM	When awake for the day I felt: (check one)	
Date	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	Refreshed	Drowsy
Date	6	7	8	9	10	11	12	1	2	3	4	5	7	7	8	9	10	11	12	1	2	3	4	5	6	Refreshed	Drowsy
DAY	6	7	8	9	10	11	12	1	2	3	4	5	7	7	8	9	10	11	12	1	2	3	4	5	6	Refreshed	Drowsy
	PM						Midnight						AM						Noon						PM		

LEGEND: ↓ = In Bed; ▬ Sleep; ↑ Out of Bed; *Example:* 

Awake = Blank Box

*Use Dark Ink. Sleep includes: overnight sleep, daytime sleep, and naps.

Gingras Sleep Medicine
Better nights and brighter days for children and adults