



SLEEP – WAKE MONITORING

Mark a dot in the box indicating Asleep or Awake at hourly intervals.

This sheet will allow us to see patterns of sleep and wakefulness in response to medication or other interventions.

Patient's Name: _____

Time	Nights					Days							Evenings					Hours							
	23	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15		16	17	18	19	20	21	22
Date:																									Sedation?
Asleep																									<input type="checkbox"/> Yes
Awake																								<input type="checkbox"/> No	
																								<input type="checkbox"/> Repeat	
Date:																								Sedation?	
Asleep																								<input type="checkbox"/> Yes	
Awake																								<input type="checkbox"/> No	
																								<input type="checkbox"/> Repeat	
Date:																								Sedation?	
Asleep																								<input type="checkbox"/> Yes	
Awake																								<input type="checkbox"/> No	
																								<input type="checkbox"/> Repeat	
Date:																								Sedation?	
Asleep																								<input type="checkbox"/> Yes	
Awake																								<input type="checkbox"/> No	
																								<input type="checkbox"/> Repeat	

Adapted with permission from *Sleep Chart*. Geriatric Psychiatry, Providence Health Care, 2004.