

# Monitoring Chart: Sleep (24-hour sleep record)

<b>Patient Name</b>		<b>Date of Birth</b>
First	Last	

### When to use this chart:

- ▶ If someone is having difficulty with sleep (see common reasons on bottom of page).
- ▶ If you want to know how well a sleep medication is working.

### What should you do with information in this chart?

- ▶ Bring this chart with you to the family doctor.
- ▶ Please also bring information on medications (especially PRN, or 'as needed' medication) with dates and times for when the medication was administered (if it is recorded somewhere else).

*Example:*

	1	
<b>AM</b>	Midnight	X
	1am	X
	2am	X
	3am	X

### Instructions:

- 1) Mark an **X** when person is sleeping, day or night.
- 2) Add an asterisk (\*) when sleep medication is given.
- 3) Add details about the sleep issue on page 2.

<b>Month:</b>		<b>Year:</b>	
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	1	2	3	4	5	6	7	8	9	10	11	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
<b>AM</b>	Midnight																																				
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### COMMON OR POSSIBLE SLEEP-RELATED PROBLEMS OF THIS PERSON:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Trouble falling asleep           | <input type="checkbox"/> Falls asleep during the day | <input type="checkbox"/> Snores loudly             |
| <input type="checkbox"/> Trouble waking up in the morning | <input type="checkbox"/> Trouble staying asleep      | <input type="checkbox"/> Sweating a lot at night   |
|   | <input type="checkbox"/> Wakes up early              | <input type="checkbox"/> Up frequently to bathroom |
|   | <input type="checkbox"/> Up frequently during night  | <input type="checkbox"/> Other:                    |
|   | <input type="checkbox"/> Restless sleep              |  |

