



## 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.