










Name: _____

Asleep: 
 In Bed Awake: 
 Out of Bed Awake:  (leave blank)

↓ = Lights out
 ↑ = Lights on

DAY DATE		16	18	20	22	00	02	04	06	08	10	12	14	16	Total Hours in Bed	Total Hours of Sleep
Mon	8/3						 ↓	SLEEP		↑ 					6	4.5
Tue	8/4				↓ 	SLEEP		↑ 		↓ 	SLEEP		↑ 		10	5

Notes: