



## SLEEP – WAKE MONITORING

Please 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 Name:** \_\_\_\_\_

	Nights							Days							Evenings										
Time	23	24	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	Hours
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
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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.