* 1 5 1 6 7 8 *

BOSTON CHILDREN'S HOSPITAL
CENTER FOR PEDIATRIC SLEEP DISORDERS
HOME SLEEP CHART

LABEL OR PRINT

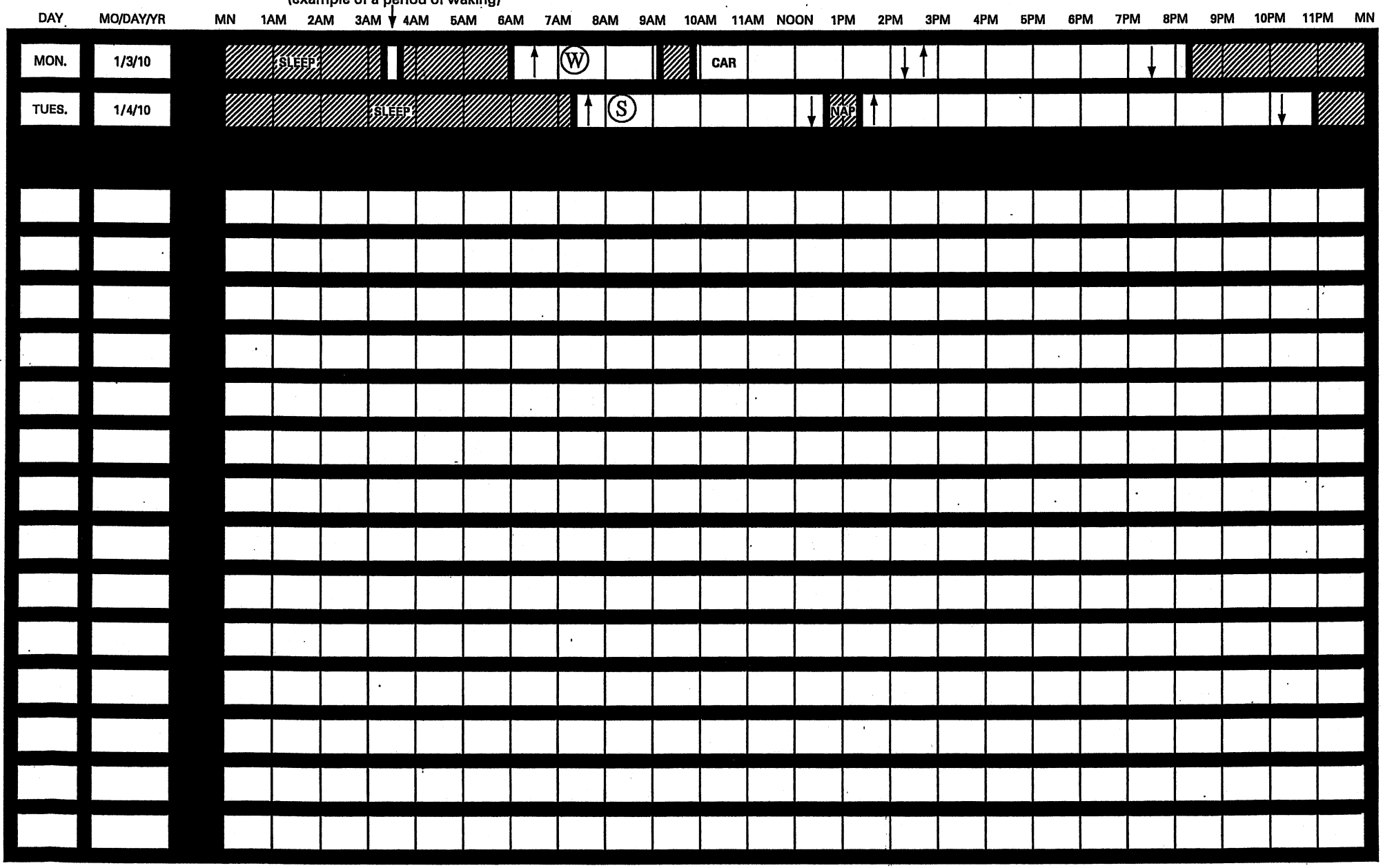
NAME

CH MRN

DATE OF BIRTH

Name of person filling out chart _____ Relationship to Patient _____

1. MARK EACH TIME OF GETTING INTO BED WITH AN ARROW POINTING DOWNWARDS----- ↓
2. MARK EACH TIME OF GETTING OUT OF BED WITH AN ARROW POINTING UPWARDS----- ↑
3. MARK PERIODS OF SLEEP AS SHADED AREAS BETWEEN VERTICAL BARS---------- ▨

(W)= Wakened
(S)= Spontaneous

(example of a period of waking)