

Beginning Date: _____

DAILY TRACKING CHART—SLEEP

Name: _____

Tracking Items: ↑ = got up ↓ = went to sleep ☉ = caffeine intake ○ =

	6a	7	8	9	10	11	12n	1	2	3	4	5	6	7	8	9	10	11	12m	1a	2a	3a	4a	5a
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******Remember to bring this to your next appointment!!!!**