

# HUDSON PSYCHIATRIC ASSOCIATES, LLC

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name	month
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*Bedtime was at ...*  
*I fell asleep after...*  
*I woke up during the night ...*  
*I slept for ....*  
*When I woke, I felt ....*  
*I napped....*  
*I drank....*  
*I exercised at...*  
*I felt...*

## Sleep Habits Monitor

Date	Last Night				Morning	Yesterday			Today	Rx	Events and Notes	
	time	minutes	# times	hours	1 exhausted 2 tired 3 okay 4 refreshed 5 great	# naps	caffeine	alcohol	time	1 lethargic 2 tired 3 okay 4 good 5 great	taken?	Note any significant events or list changes in medication
1	AM PM								AM PM			
2	AM PM								AM PM			
3	AM PM								AM PM			
4	AM PM								AM PM			
5	AM PM								AM PM			
6	AM PM								AM PM			
7	AM PM								AM PM			
8	AM PM								AM PM			
9	AM PM								AM PM			
10	AM PM								AM PM			
11	AM PM								AM PM			
12	AM PM								AM PM			
13	AM PM								AM PM			
14	AM PM								AM PM			
15	AM PM								AM PM			
16	AM PM								AM PM			
17	AM PM								AM PM			
18	AM PM								AM PM			
19	AM PM								AM PM			
20	AM PM								AM PM			
21	AM PM								AM PM			
22	AM PM								AM PM			
23	AM PM								AM PM			
24	AM PM								AM PM			
25	AM PM								AM PM			
26	AM PM								AM PM			
27	AM PM								AM PM			
28	AM PM								AM PM			
29	AM PM								AM PM			
30	AM PM								AM PM			
31	AM PM								AM PM			

Please feel free to write questions for your doctor on the back.

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