

FIRST NAME OF CHILD: _____

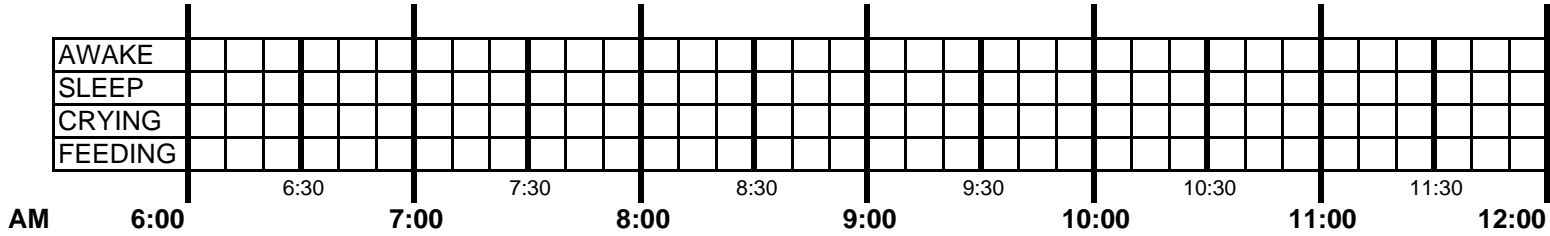
SLEEP DIARY. DAY 1.

UR

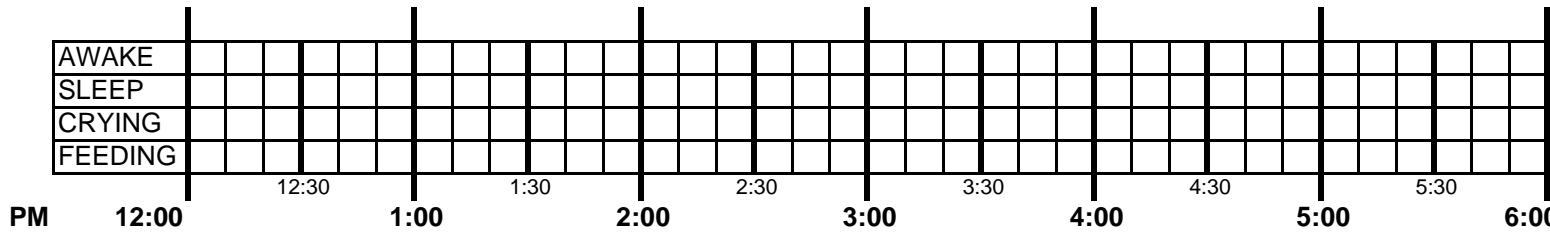
DATE: _____ 20____

BARE WEIGHT THIS WEEK _____ Kgm

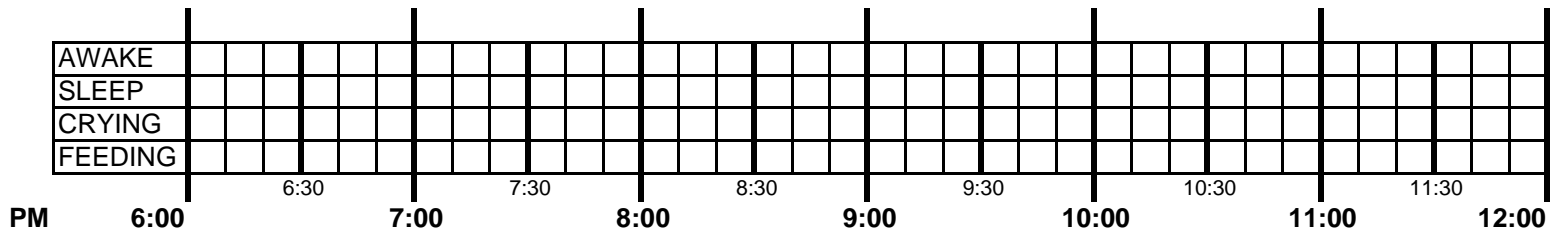
MORNING



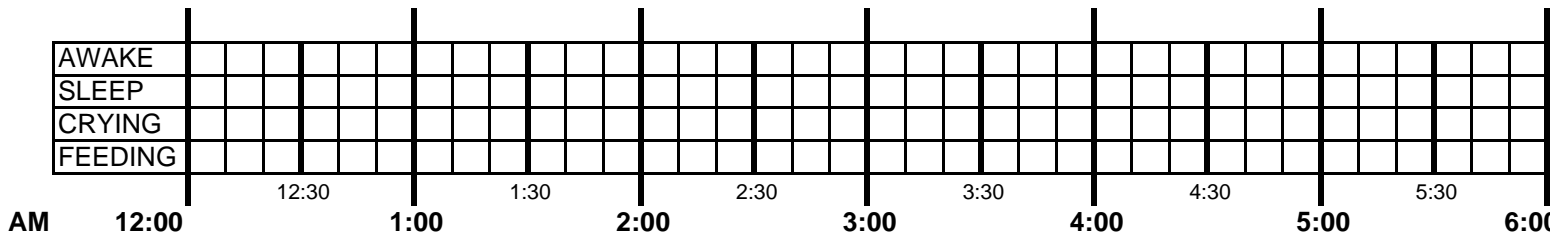
AFTERNOON



EVENING



NIGHT



OFFICE USE ONLY

THS _____ . _____

TNS _____ . _____

TDS _____ . _____

DATA ENTERED