

FIRST NAME OF CHILD: _____

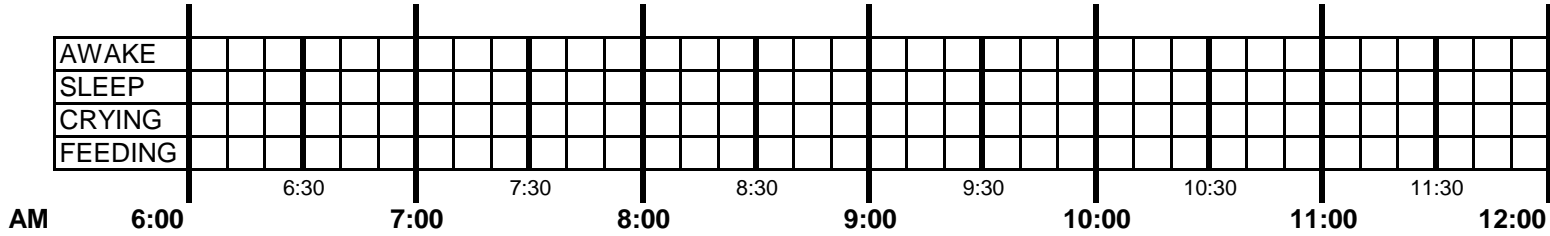
SLEEP DIARY. DAY 1.

UR

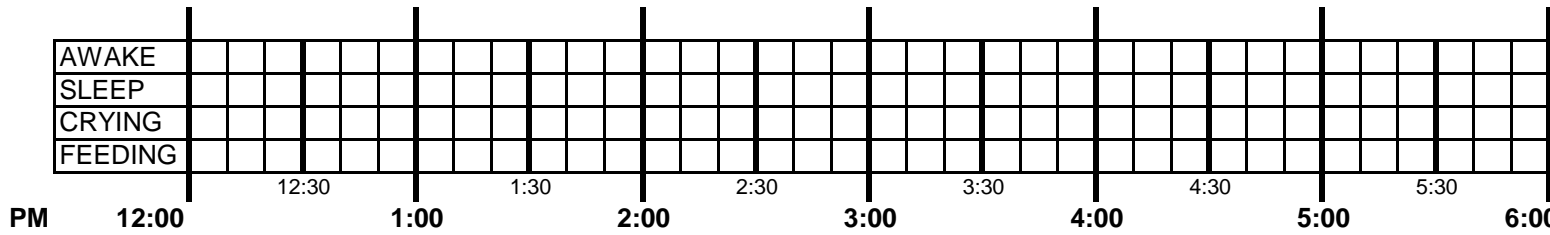
DATE: _____ 2002

BARE WEIGHT THIS WEEK _____ Kgm

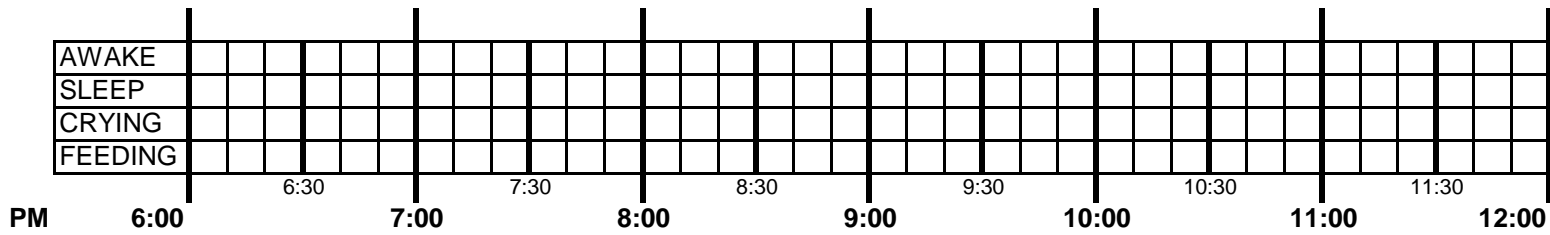
MORNING



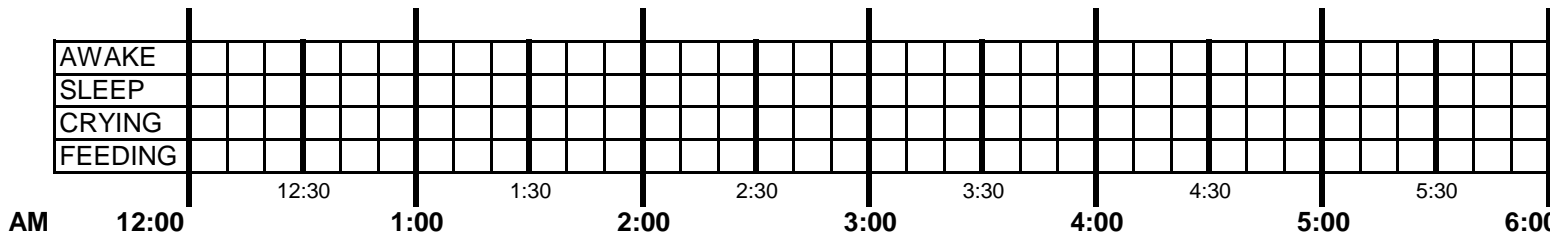
AFTERNOON



EVENING



NIGHT



OFFICE USE ONLY

THS _____ .

TNS _____ .

TDS _____ .

DATA ENTERED