Optional nights worksheet

Week of _____ Date each row by the evening the night began.

Night starting	At bedtime	What I remember overnight	On waking	Optional device estimate
Night 1				
Night 2				
Night 3				
Night 4				
Night 5				
Night 6				
Night 7				

Keep your recollection and device estimate separate. Use “not recorded” if you missed a check and “no reading” for a missing device estimate.

Personal observations only. Not clinically reviewed. These sheets do not diagnose symptoms or replace your care team’s instructions. Do not delay care to complete a diary.