

name:	 Fill in the date and day of the week. (ex: 4/17/2017) Draw an arrow down to show time in bed. (ex: ↓) 									 3. Shade in blocks for when your child was asleep. (ex: ■) 4. Draw an arrow up to show time getting out of bed. (ex: ↑) 															
Date	Day	5p	6р	7p	8p	9p	10p	11p	12a	1a	2 a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3р	4p

EP4759, RES9015 (Rev. 10/2021) © 2021 Dayton Children's Hospital. All Rights Reserved. The Whirligig, Logo Mark and all trademarks are owned by Dayton Children's Hospital • childrensdayton.org

