



k2341962 www.fotosearch.com

CAREGIVER SLEEPING RECORD FILL-OUT DAILY

In order to keep you and your client safe, you need to get enough sleep. You are entitled to 8 hours of uninterrupted sleep each night. If your client's needs change, and you are getting less than 8 hours sleep each night (with 6 hours of uninterrupted sleep), immediately call the office and let us know.

Day	Date	Went to sleep (Time)	Got up at What time?	<ul style="list-style-type: none"> • Time you got up to help client • Time you went back to bed • Why client needed your help Ex. got up at 2am to assist to bathroom; went back to bed at 2:15am	SLEEP REVIEW Check only if you did not get enough sleep.
Mon					
Tue					
Wed					
Thu					
Fri					
Mon					
Sun					

Caregiver Name _____ **Client Name** _____

Caregiver Signature _____ **Client Signature** _____