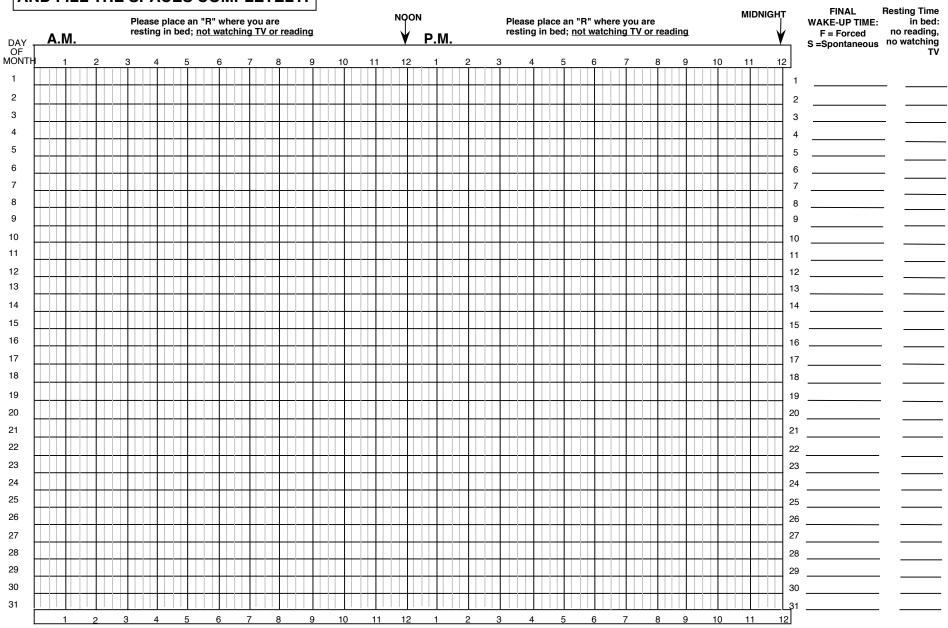
SMS MONTHLY SLEEP RATING FORM*

NAME MONTH RECORDED

YEAR

PLEASE USE A BLACK OR RED PEN, AND FILL THE SPACES COMPLETELY.

HOURS OF DAY BLACKEN SLEEPING HOURS (OR FRACTION)



^{*}Adapted from Chronogram of Peter Whybrow, M.D. by SMS Research Unit, NHGRI/NIH REV12/02