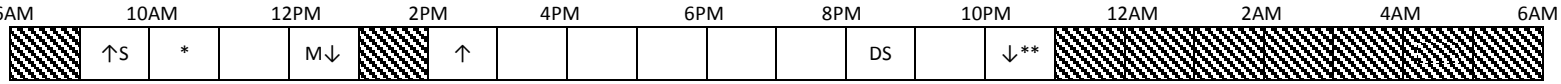
Sleep Log

INSTRUCTIONS: Please bring these logs in for your appointment or mail them to the clinic beforehand.

1. Leave the times you are awake **BLANK**
2. **SHADE**, crosshatch, or color the times when you sleep (include naps)
3. **ARROW DOWN** whenever you lie down to sleep
4. **ARROW UP** when you awaken
5. "**M**" for meals, "**S**" for snacks, "**D**" for drinks with alcohol
6. Include notes for each week
7. "*****" when using pain medication, "******" when using sleep medication

Example:

Date
1/1/2000



WEEK 1:

Date	6AM	10AM	12PM	2PM	4PM	6PM	8PM	10PM	12AM	2AM	4AM	6AM

WEEK 2:

Date	6AM	10AM	12PM	2PM	4PM	6PM	8PM	10PM	12AM	2AM	4AM	6AM