



SLEEP LOG

Name \_\_\_\_\_

Instructions: (Please bring these logs in for your appointment or mail them to the clinic.)

1. Leave the times you are awake BLANK.
2. SHADE, crosshatch or color the times when you sleep.
3. ARROW DOWN whenever you lie down to sleep.
- 4.
5. ARROW UPWARD when you awaken (include naps).
6. "M" for meals, "S" for snacks, and "D" for drinks with alcohol.

EXAMPLE:

Date	6am	8am	10am	Noon	2pm	4pm	6pm	8pm	10pm	Mid	2am	4am	6am
1/1/11		↑		M↓	↑			D S	↓				↑S↓

FIRST WEEK

Date	6am	8am	10am	Noon	2pm	4pm	6pm	8pm	10pm	Mid	2am	4am	6am

SECOND WEEK

Date	6am	8am	10am	Noon	2pm	4pm	6pm	8pm	10pm	Mid	2am	4am	6am