

Sleep Disorders Centers

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 <u>BLANK</u> . 2. <u>SHADE</u> , crosshatch or color the times when you sleep. 3. <u>ARROW DOWN</u> whenever you lie down to sleep. 4. EXAMPLE:													ARROW UPWARD when you awaken (include naps). 5. "M" for meals, "S" for snacks, and "D" for drinks with alcohol. 6. Include notes below each week or on the back. 6pm 8pm 10pm Mid 2am 4am 6am													
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