# 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. **ARROW UPWARD** when you awaken (include naps).
6. Include notes below each week or on the back.

## EXAMPLE:

<table>
<thead>
<tr>
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**FIRST WEEK**

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**SECOND WEEK**

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