

## **SLEEP LOGS**

DOB:\_\_\_\_\_

4. <u>ARROW UP - 1</u>- when you wake up (include naps).

6. Include notes below each week or on the back.

5. <u>"M"</u> for meals, <u>"S"</u> for snacks, <u>"C</u>" for caffeine, <u>"A"</u> for alcohol.

## **INSTRUCTIONS:** Complete these logs in the morning and the evening. Do not complete them during the night. Write additional comments on the back. Bring these logs with you for your appointment or mail them to your doctor.

- 1. Leave the boxes <u>BLANK</u> to show when you are awake.
- 2. <u>SHADE</u> or color the boxes to show when you are asleep.
- 3. <u>ARROW DOWN</u>  $\downarrow$  when you lie down to sleep.
- EXAMPLE:

I	0/45/2044		m	80		100	am		on	2µ	<u>m</u>	4p	pm	6p	m	<u>8p</u>	m	10	om 🗌	Midr	night	20	m		um	60	m
	9/15/2011				†C				M↓		ſ					AS		ł							↑S↓		
<u>FIRST WEEK</u>																											
	Date	60	ım	80	m	100	am	Na	oon	2p	om 🛛	4p	om –	6p	m	8p	om –	10 <sub>1</sub>	om	Midı	night	20	m	40	ım	60	m
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## SECOND WEEK

Date	60	am 8am		ım	n 10am		Noon		2pm		4pm		брт		8pm		10pm		Midnight		2am		4am		6am	
	1																									
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Name: \_\_\_\_\_