

SLEEP LOG

Name: _____ Date of Birth: _____ Sleep Log Start Date: _____

Instructions: Complete this diary in the morning and evening, not during the night. Bring this to your next appointment or sleep study.

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| 1. Leave the boxes BLANK when you are awake | 4. ARROW UP ↑ when you wake up |
| 2. ARROW DOWN ↓ when you lie down to try and fall asleep | 5. Please enter "C" when you have caffeine (soda, iced tea, etc.) |
| 3. SHADE or color the boxes when you are asleep (including naps) | |

***Start Log 2 weeks prior to sleep study**
***Bring log to sleep study appointment**

Day / Date	6am	8am	10am	12pm	2pm	4pm	6pm	8pm	10pm	12am	2am	4am	6am	Comments
Example: Tues / June 3														Didn't try to nap, just fell asleep. Melatonin 3 mg @ 8 pm.