



Sleep Disorder Center
Sleep Log

Patient Name: _____ Date of Birth: _____

Date	7 pm →	8 →	9 →	10 →	11 →	12 am	1 →	2 →	3 →	4 →	5 →	6 am	7 →	8 →	9 →	10 →	11 →	12 pm	1 →	2 →	3 →	4 →	5 →	6 pm	Comments/ Remarks		
Example 1/1/15				↓ 10:15							↑ 5:30											↓ 3			↑ 5:00	Caffeine 12pm Exercise 5-6	

Week 2 **Bring 2-3 weeks of completed sleep log to Sleep Study and/or Sleep Clinic appointment.**

Instructions: • ↓ in box and write the time in bed • Shade all times asleep • ↑ when you get out of bed • Add comments (i.e. vacation, no school, exercise, caffeine)
• Use an ↑ in the shaded area for each short wake time through the night. • Please use pencil or pen only.

Example: The patient went to bed at 10:15pm (↓), fell asleep at 11:30pm (shaded area starts), slept through the night, woke at 5 am (shaded area stops) and got out of bed at 5:30 am (↑). He then napped from 3:30-5 (2nd shaded area).