

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 BLANK to show when you are awake
- 2. SHADE or color the boxes to show when you are asleep.
- 3. ARROW DOWN when you lie down to sleep.

- 4. ARROW UP when you wake up (include naps).
- 5. "M" for meals, "S" for snacks, "C" for caffine, "A" for alcohol.

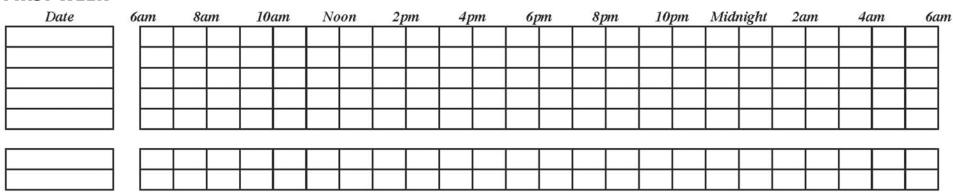
Your Sleep Log

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

EXAMPLE

	6am	8	am	100	am	No	on	2p	m	41	m	6p	m	8p	m	10p	om	Midr	right	20	ım	4a	m	6a.	m
9/15/2008			↑C				М↓		1					AS		↓							↑S↓		

FIRST WEEK



SLEEP DISORDERS CENTER OF CONNECTICUT, LLC SLEEP DISORDERS CENTER OF CONNECTICUT, LLC SLEEP DISORDERS CENTER OF CONNECTICUT, LLC SLEEP DISORDERS CENTER OF CONNECTICUT, LLC

2447 Whitney Avenue, Hamden, CT 06518
14 Business Park Road, Branford, CT 06405
174 Cherry Street, Milford, CT 06460
83 East Avenue, Suite # 300 Norwalk, CT 06851

T: 203-288-8300 F: 203-288-5954
T: 203-643-0620 F: 203-643-0623
T: 203-301-4349 F: 203-301-4352
T: 203-939-9688 F: 203-939-9690



Your Sleep Log

SECOND WEEK

Date	6am	6am 8am		10am		Noon		2pm		4pm		6pm		8pm		10pm		Midnight		2am		4am		6am	
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NOTES / OBSERVATIONS / COMMENTS

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