



Name: _____

Your Sleep Log

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 caffeine, "A" for alcohol.
6. Include notes below each week or on the back.

EXAMPLE

	6am	8am	10am	Noon	2pm	4pm	6pm	8pm	10pm	Midnight	2am	4am	6am
9/15/2008		↑C		M↓	↑			AS	↓			↑S↓	

FIRST WEEK

Date	6am	8am	10am	Noon	2pm	4pm	6pm	8pm	10pm	Midnight	2am	4am	6am

SLEEP DISORDERS CENTER OF CONNECTICUT, LLC
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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

VISIT US ONLINE AT WWW.SLEEPCT.COM



Your Sleep Log

SECOND WEEK

Date	6am	8am	10am	Noon	2pm	4pm	6pm	8pm	10pm	Midnight	2am	4am	6am

NOTES / OBSERVATIONS / COMMENTS

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