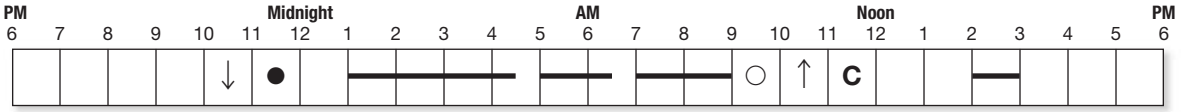
Patient Handout Sleep log

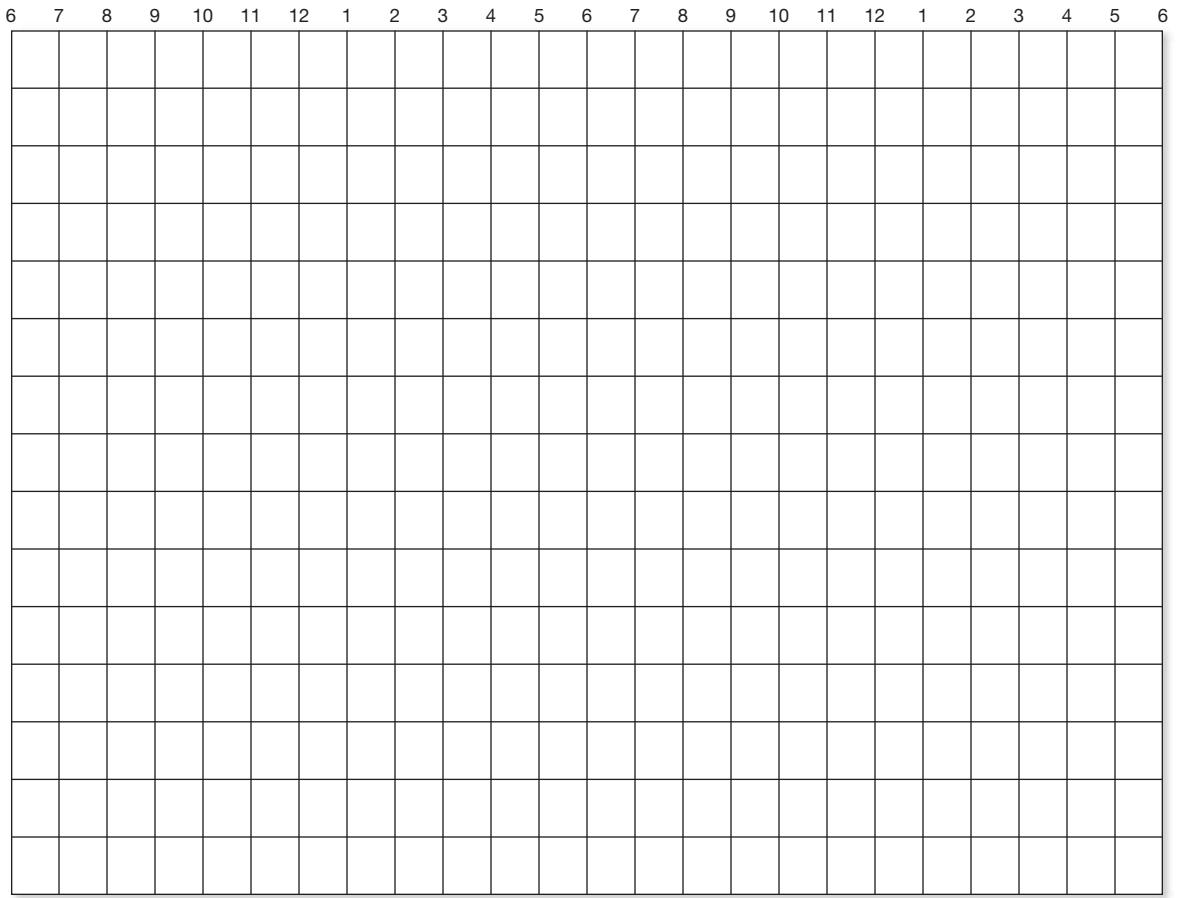
Each morning fill out log, using these symbols:

↓ Time got into bed
○ Lights on
● Lights out
↑ Time got out of bed
— Asleep (at night or during a nap)
C Caffeinated coffee or soda

Your name _____

Example





Date	How long to fall asleep?	How many times did you wake?	Altogether, how much sleep last night?	Sleeping aid, alcohol, medicine? Time, type, amount?
11/27/00	1.5 hours	3	6.75 hours	none

Date	How long to fall asleep?	How many times did you wake?	Altogether, how much sleep last night?	Sleeping aid, alcohol, medicine? Time, type, amount?