PHYSICIANS' CLINIC
of Iowa, P.C.

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Sleep Log

Name _____

Date of Birth _____

INSTRUCTIONS: Complete the logs in the morning and the evening; do not complete them in the middle of the night. Write any additional comments on the back. Bring these logs with you to your appointment.

- Leave the times when you are awake blank
- SHADE or mark with color the times when you're asleep
- Use a DOWN ARROW when you lie down to sleep (include naps)
- Use an UP ARROW when you awaken (include naps)
- Mark M for meals, S for snacks and D for drinks with alcohol

Example:

DATE	6 AM		8 AM		10 AM		NOON		2 PM		4 PM		6 PM		8 PM		10 PM		MIDNIGHT		2AM		4 AM		6 AM
MON			↑				M↓		↑				M		DS	↓								↑S↓	

First Week:

DATE	6 AM		8 AM		10 AM		NOON		2 PM		4 PM		6 PM		8 PM		10 PM		MIDNIGHT		2AM		4 AM		6 AM

Second Week:

DATE	6 AM		8 AM		10 AM		NOON		2 PM		4 PM		6 PM		8 PM		10 PM		MIDNIGHT		2AM		4 AM		6 AM