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ADULT TWO-WEEK SLEEP LOG

Patient Name: _____ Date of Birth: _____

INSTRUCTIONS: Complete the logs in the morning and the evening. Do not try and complete the logs during the night. Write any additional comments on the back of the sleep log. Please mark all times you sleep, including daytime naps.

1. Leave awake time BLANK.
2. ARROW DOWN (↓) whenever you lie down to sleep and ARROW UP (↑) when up awake - include naps.
3. SHADE sleep time in between. **Enter "C" for drinks with caffeine and "D" for drinks containing alcohol. **

EXAMPLE:

	6am	8am	10am	Noon	2pm	4pm	6pm	8pm	10pm	MN	2am	4am
6am	1/15/13	↑				C				D	↓	

FIRST WEEK

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

SECOND WEEK

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

Medications Taken: _____

YOU MUST BRING THIS SLEEP LOG WITH YOU TO YOUR APPOINTMENT OR MAIL IT TO THE SLEEP CENTER.