

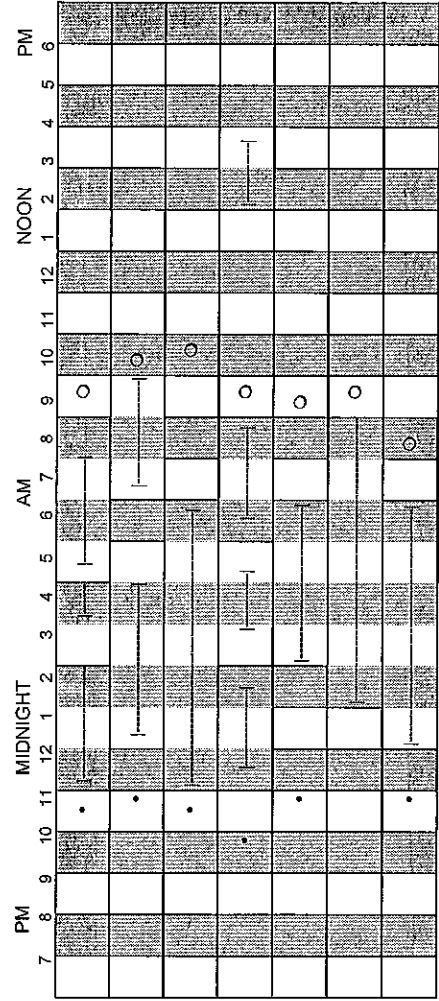
SLEEP LOG

7	8	9	10	11	12	MIDNIGHT												1	2	3	4	5	6	DAY	
						PM	8	9	10	11	12	1	2	3	4	5	6								NOON
																									Sunday
																									Monday
																									Tuesday
																									Wednesday
																									Thursday
																									Friday
																									Saturday

○ Lights on or out of bed for the night

— Asleep
(includes naps you take during the day)

• Lights out or in bed trying to sleep



Example of Completed Log:

Name _____