

SLEEP LOG

Sleep Center
 1625 Medical Center Pt.,
 Colorado Springs, CO 80907
 Tel: (719) 866-6627



Name: _____

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

- Lights OFF or in bed trying to sleep
- Lights ON or out of bed for the night

Asleep
 (includes naps you take during the day)

Example of Completed log:

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