The Village Sleep Lab
Juan A Albino, MD

SLEEP LOGS

Name: _____

INSTRUCTIONS: (Complete these logs as instructed using the directions provided below. Complete the logs in the morning and the evening. Do not complete the logs during the night. Write additional comments on the back Bring these logs with you for your appointment or mail them to your physician.)

1. Leave the times you are awake BLANK.
2. SHADE or crosshatch, or color the times when you sleep
3. ARROW DOWN whenever you lie down to sleep.
4. ARROW UPWARD when you awaken (include naps.)
5. "M" for meals, "S" for snacks, and a "D" for drinks with alcohol.
6. Include notes below each week or on the back.

EXAMPLE:

	6am	*8am*	*10am*	*Noon*	*2pm*	*4pm*	*6pm*	*8pm*	*10pm*	*MN*	*2am*	*4am*	*6am*
9/15/1999		8		M 9	8			D S	9			8S9	

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