

Sleep Log Journal

Providence Alaska Medical Center Sleep Disorders Center

Name: _____ Date of journal start. _____.

Instructions: Please color the blocks you are sleeping. Indicate the time you went to bed with a down arrow and the time you get up with an up arrow.

The Comments section is where you can indicate how the night went. "Felt rested" "Felt sleepy the day before" etc.

All medications taken and alcohol consumed should be noted under medications. Please bring this Sleep Log with you when you come to the Center for your test or your appointment. If you have any questions please call 907 261 3650. Toll free in Alaska 888 597 6673 or visit our web site at http://www.providence.org/Alaska/Services/Sleep_Disorders

date		6a	7a	8a	9a	10a	11a	12a	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	12a	1a	2a	3a	4a	5a	Comments	Medications	
/																↓												
2/	1				↑											↓						↑	↓			Felt rested.		
							↑																				Bad night.	Ambien 2a.

In the example above the person listed on 2/1 they went to bed at 7:30p and did not feel they fell asleep until 9p. The person then felt they had awakened at 8a, but did not get out of bed until 8:30a.

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