Central Oregon Sleep Disorders Center

DAILY SLEEP LOG

Instructions Put an S in each box if you slept during that time

Leave box blank if you were awake.

Put an AS if you were awake and asleep within the same hour.

Example	9 am	10	11	noon	1	2	3	4	5	6	7	8	9	10	11	MN	1	2	3	4	5	6	7	8	Hours Slept
Tues 7/17														AS	S	S	S	AS	S	S	S	A	AS		7.5

Date	9 am	10	11	noon	1	2	3	4	5	6	7	8	9	10	11	MN	1	2	3	4	5	6	7	8	Hours Slept