PennState Health
Milton S. Hershey
Medical Center

SLEEP LOG – ADOLESCENT

Your name: _____

Your birth date: ____/____/____

Example: **Shade in the periods when you were asleep** ↓ **Mark your bedtime and any nap times with downward arrows.** ↓

Date	Day																							
	1								↑				↓			↑				↓				
	2						↑							↓		↑				↓				

↑ **Mark the time you get up in the morning** ↑
and after any naps with upward arrows.

Date	Day	Mid night		2 AM		4 AM		6 AM		8 AM		10 AM		Noon		2 PM		4 PM		6 PM		8 PM		10 PM		Mid Night