

Sleep Log

Narcolepsy Network

Your Name: _____

Your Birth Date: ____ / ____ / _____

Instructions:

Shade in the periods when you were asleep. You may shade in partial blocks.

↓ Mark your bedtime & any naps with downward arrows ↓

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

C 3 Mark the times you have Cataplectic episodes with the letter **C** followed by the estimated number of minutes it lasts.

Mark the times that you take medications with a different letter or symbols for each medication or dosage. Use these spaces to record what each letter or symbol means.

L/S	Medicine	Dosage
R	Ritalin	10 mg
_____	_____	_____
_____	_____	_____
_____	_____	_____

Example:

Date	Day	12 AM	2 AM	4 AM	6 AM	8 AM	10 AM	NOON	2 PM	4 PM	6 PM	8 PM	10 PM	12 AM
8/16/07	1													
8/17/07	2													

Date	Day	12 AM	2 AM	4 AM	6 AM	8 AM	10 AM	12 PM	2 PM	4 PM	6 PM	8 PM	10 PM	12 AM