Pulmonary Associates, LLC 105 Briarcliff Rd., Ste. B Warner Robins, Ga. 31088 Office: 478-922-9375

Office: 478-922-937: Fax: 478-922-8989



Sleep Log

(Start 1 week before your appointment)

| | | - |
|--------------|------|---|
| Patient Name | Date | |
| | | |

Please fill this out each day upon waking up from bed in the morning and bring it to the Sleep Center on the night or day of your study.

| Sleep Log | DAY 1 | DAY 2 | DAY 3 | DAY 4 | DAY 5 | DAY 6 | DAY 7 |
|------------------|------------------|-------|-------|-------|-------|--|-------|
| Did you nap | | | | | | | |
| yesterday? | | · | | | | | |
| How often and | | | | | | | |
| how long was | | | | | | | |
| each nap? | | | | , | | | |
| Did you take | | | | | | | |
| any non- | | | | | | | |
| prescribed sleep | | | | | | | |
| aids or alcohol? | | | | | | | |
| What time did | | | | | | | |
| you go to bed? | | | | | | | |
| How long did it | | | | | | | |
| take you to fall | | | | | | | |
| asleep? | | | | | | | |
| How many | | ٠ | | | | | |
| times did you | | | | | | | |
| awaken during | | | | | | T-COMMANDE TO THE TOTAL TO THE TOTAL | |
| the night? | * *** | | | | | | |
| What time was | | | | | | - | |
| your final | | | | | | | |
| awakening? | | | | | | | |
| Did you awaken | | | | | | | |
| spontaneously | | | | | | | |

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|------------------|---|--|----------------|----------|
| alarm clock? | ÷ | | | |
| What time did | | | | |
| you get out of | | | | |
| bed? | | | | |
| How many | | | | |
| hours of sleep | | | | · |
| did you get? | | | , | |
| How did you | | | , | |
| feel | İ | | t _f | |
| immediately | | | | |
| after | | | | |
| awakening? | | | | |
| Was your sleep | | | | |
| last night good, | | | i | |
| fair, or poor? | | | | |