



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 times did you awaken during the night?							
What time was your final awakening?							
Did you awaken spontaneously							

of with an alarm clock?							
What time did you get out of bed?							
How many hours of sleep did you get?							
How did you feel immediately after awakening?							
Was your sleep last night good, fair, or poor?							