

Sleep Log

Patient Name: _____

ID Number: _____

DOB: _____ Physician's Name: _____

Instructions: please keep this log on your night stand so you remember to complete it daily. Answer questions 1 through 6 each night before you go to bed and answer questions 7-12 each morning as soon as you awaken.

Sleep Log Questions	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Date: _____						
1. Did you nap today? How often? How long? When?							
2. Did you consume alcohol or non-prescription drugs?							
3. Are you taking prescribed medication? What? How much? When?							
4. Have you had any caffeinated beverages? What? How much? How often?							
5. All in all, how did you feel today? 1-5 with 1 = very good							
6. What time did you go to bed?							
7. How long did it take you to fall asleep?							
8. How many times did you wake up in the night? Total awake time?							
9. What time was your final awakening?							
10. What time did you get out of bed?							
11. How did you feel upon awakening? 1-5 with 1 = very good							
12. How long did you sleep last night?							