

Instructions:**SLEEP LOG**

Keep this log on your nightstand so you remember to complete it daily. Answer questions 1 to 5 each night before retiring. Answer questions 6-12 each morning as soon as you awaken.

Patient's Name: _____

Physician's Name: _____

WEEK _____

	Day 1 Date:	Day 2 Date:	Day 3 Date:	Day 4 Date:	Day 5 Date:	Day 6 Date:	Day 7 Date:
1. Did you nap? How often? How long? When?							
2. Did you consume any alcohol or non-prescribed drugs? How much? When?							
3. Are you taking prescribed medication? What? How much? When?							
4. Have you had any caffeinated beverages? What? How much? When?							
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 during the night? Total time awake?							
9. What time was your final awakening?							
10. What time did you get out of bed?							
11. How did you feel upon the final awakening? 1-5 with 1=very good							
12. How long did you sleep last night?							