

Wesley Neurology Sleep Center Sleep Log

INSTRUCTIONS:

Place this log on your nightstand so that you remember to complete it daily. Answer questions 1 to 5 each night before sleeping. Answer questions 6 through 12 each morning as soon as you awaken.

Patients Name _____ Physician's Name Marc E. Hofmann, MD, FCCP, D, ABSM Week # _____

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Date	Date	Date	Date	Date	Date	Date
1. Did you nap? How often? 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 beverages with caffeine? What? How much? When?							
5. All in all how did you feel today? 1 to 5 with 1 being 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 times 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 to 5 with 1 being very good.							
12. How long did you sleep last night?							