

Klamath Sleep Medicine Center
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Sleep Log

Name: _____

To help us understand your sleep problem, we need a record of the times when you sleep, nap, and wake up during sleep. In addition, we need to know the time when you drink coffee, tea, and alcoholic beverages. If medication is taken, record approximate time and dose. **It is important to keep the record for the whole week.** Give it your best guess of the time needed to fall asleep. If you can't recall exactly the time of some events, give your best guess. Each column begins a new day. The first column is an example of the information you would give us. If you have any questions please call 541-885-2201.

Example:

Day of Week	<i>Monday</i>							
Date	<i>09/04/2015</i>							
Naps: time began and how long	<i>4:00 p.m. 1 hour</i>							
Coffee/tea: # of cups and when	<i>7:00 a.m. 1 cup</i>							
Alcoholic drinks: # of drinks and when	<i>8:00 p.m. 1 drink</i>							
Medications: amount and when taken	<i>Tylenol 2 @ 10:00 p.m.</i>							
Time you went to bed	<i>11:30 p.m.</i>							
Estimated time to fall asleep	<i>45 minutes</i>							
Time of awakenings during sleep and length of time awake	<i>3:00 a.m. 1 hour 4:30 a.m. 20 minutes</i>							
Time of final awakening in the morning	<i>6:30 a.m.</i>							
What time did you rise?	<i>7:00 a.m.</i>							