West Coast Pulmonary Critical Care Physicians, Inc.
Sunset Sleep Disorder Center of Oxnard

DAILY 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 times when you drink coffee, tea and alcoholic beverages. If medication is taken, record the time the medication is taken. It is important that you keep this record for 10 days. You should give 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 for you to study.

"A" indicates AM (morning); "P" indicates PM (afternoon or evening).

DAY OF WEEK	EXAMPLE	1	2	3	4	5	6	7	8	9	10
Naps, time begun and how long	4:00 P 1 hr.										
Coffee and tea, number of cups and time drank	7:00 A-1										
Alcoholic drinks, number and time drank	8:00 P-1 9:00 P1 10:00 P-1										
Medications taken, time and amount	Dalmane 30 mg. 10:30 P										
Time went to bed	11:00 P										
Estimated time to fall asleep	45 min.										
Time of awakenings during sleep and length of time awake	3:00 A 1hr 4:30 A 20 min.										
Time of final awaking in the morning	5:30 A										