|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Example:1/1/12 |  |  |  |  |  |  |  |
| Time In Bed | 11:00pm |  |  |  |  |  |  |  |
| Time Asleep | 12:30am |  |  |  |  |  |  |  |
| # of Awakenings | 2 |  |  |  |  |  |  |  |
| Awakening Duration | 5 min30 min |  |  |  |  |  |  |  |
| Awake for Good | 6:15am |  |  |  |  |  |  |  |
| Out of Bed | 7:30am |  |  |  |  |  |  |  |
| Napping | 1 hour at 4pm |  |  |  |  |  |  |  |



Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fax to: 434-293-9140**

**Patient Sleep Log**