



Consultants in Neurology
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SLEEP LOG

Name: _____ Dates from: _____ to: _____

| Questions 1-7: (During the Night) | M | T | W | Th | F | Sa | Su |
|---|---|---|---|----|---|----|----|
| 1. What time did you go to bed or turn out the lights? | | | | | | | |
| 2. Approx. how long before you fell asleep? (estimate) | | | | | | | |
| 3. What time did you get out of bed in the a.m.? | | | | | | | |
| 4. Approx. how long did you sleep? (total) | | | | | | | |
| 5. If you awoke during sleep, how many times? | | | | | | | |
| 6. Time of awakening without further sleep? | | | | | | | |
| 7. Rate how difficult it was to awaken and get going: 1—2—3—4—5—6—7 Not difficult Very Difficult | | | | | | | |

Questions 8-14: (During the Day)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 8. If you napped or dozed off, how many times? | | | | | | | |
| 9. If napping during the day, how long? (total) | | | | | | | |
| 10. How many cups of coffee or cans of pop having caffeine? | | | | | | | |
| 11. How many glasses of wine/beer, or oz. of liquor consumed? | | | | | | | |
| 12. Did you exercise, and when? (a.m., midday, p.m.) | | | | | | | |
| 13. Rate your alertness yesterday: 1—2—3—4—5—6—7 Least Alert Most Alert | | | | | | | |
| 14. Rate your fatigue level yesterday: 1—2—3—4—5—6—7 Least fatigued Most Fatigued | | | | | | | |

PLEASE COMPLETE SLEEP LOG/DIARY THE BEST YOU CAN