



Santa Monica

Sleep Disorders Center™

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PATIENT NAME: _____

DAILY SLEEP LOG

Example

Date and Day of the week	Mon 12/04/12							
Do you drink any caffeinated coffee, tea, or soda? If so, please list number of cups and time(s) you drank them	1 cup tea@8am, 1 soda@ 3pm							
Did you nap today? What time, and for how long?	4pm for 1hr							
Did you drink any alcoholic beverages? How many, and for how long?	2 martinis @ 9pm							
Did you take any sleep medications, sedatives, or anxiety pills? Please list type, time(s) taken, and doses.	10mg Ambien @10pm, 1mg Xanax @3am							
What time did you go to bed?	10:15pm							
How long did it take you to fall asleep?	45min							
If you woke up during the night, how often? About what time(s)? Why?(e.g.worry, need to go to the bathroom, noise, physical discomfort, etc.). How long did it take to fall back asleep?	Once at 1am to urinate, up for 10min, and once at 3am for anxiety, up for 45min							
What time did you finally get up in the morning?	6am							
What is the total amount of time you slept?	6 hours							
Did you feel rested when you got out of bed?	No, kind of drowsy							
Other comments?	Worried about big							