

201 E. Huron Chicago, Illinois 60611

Phone: (312) 926-2650 Fax: (312) 926-3580

SLEEP JOURNAL

To obtain the most accurate sleep test results, keep a journal of your sleeping patterns and habits for at least two weeks prior to your sleep test. Bring the journal to your scheduled appointment. NOTE: Completion of this journal is not required to perform your sleep test, but it aids interpretation of your results. Feel free to use additional paper if this form is insufficient and add other information you believe is pertinent for your test.

Date	Time you went to bed	Estimated hours of sleep obtained	Time you got out of bed	Quality of sleep (1-5, 1=poor)	# Of times I woke up during the night? Why?	Activities/exercise within 2 hours of bedtime	Caffeine/alcohol/food 2 hours before bed (what)



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