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To help us understand your sleep problems, we need a report 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 medication is needed. It is important that you keep this record for 14 days. Each column begins with a new day. The first column is an example for you to study. If you have any questions, call Sleep EZ Family and Sleep Health LLC. "A" indicates AM (morning), "P" indicates PM (afternoon or evening).

DATE: Please be sure to write the date	Example: 10/7	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Bedtime	11:00 PM							
Estimated time it took to fall asleep	45 minutes							
Time of awakenings during sleep and length of time you were awake	2A-1 hr 3A-1 hr							
Time of final awakening in the morning	5:30 AM							
Total night's sleep	3 hrs							
Naps, times you napped	2 P 45 min							

and length of naps								
Medications taken, times and amounts	(i.e Zolpidem, 10 mg) 10:30 PM							
Coffee/ tea, carbonated beverages (Sodas) number of cups, FL oz respectively and time drank	1, 8 FL oz, 5:00 PM							
Alcoholic drinks, number and time drank	6:00 P-1 8:00 P-1 10:00 P-1							

Evening activities for each day:

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____
- 6: _____
- 7: _____