Dearborn Sleep Lab
Division of Millennium Medical Group South, P.C.

TWO - WEEK SLEEP LOG

Name:

In order to assist in the diagnosis of your sleep problem, please take a few minutes each day to fill out this sleep log.

Day	Date	What time did you go to bed?	What time did you wake up for the day?	How many times did you wake up during the night?	What caused you to awaken?	How well did you sleep?	Please list any unusual occurrences during the night.	Did you nap today?
1								
2								
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