



SLEEP DIAGNOSTIC CENTER

2522 W. Peterson
Chicago, Illinois 60659

Policy and Procedure: Direct Referral for Sleep Studies

Policy #: OS6.4

Effective Date: 11/17/09

Last Revision Date:

Category: Office and Scheduling Procedures

Approved:

Patient Sleep Diary

Patient Name: _____ Date Started: _____

(Please Print)

DAY/DATE:	SUN	MON	TUES	WED	THUR	FRI	SAT
Time that you woke up							
Time that you got out of bed							
Did you wake up refreshed?							
Note number of naps taken throughout day							
Duration of longest nap (in minutes)							
Time that you went to bed							
Approximate time that you fell asleep							
Number of times that you woke up during night							
Note any information affecting sleep for the day							

DAY/DATE:	SUN	MON	TUES	WED	THUR	FRI	SAT
Time that you woke up							
Time that you got out of bed							
Did you wake up refreshed?							
Note number of naps taken throughout day							
Duration of longest nap (in minutes)							
Time that you went to bed							
Approximate time that you fell asleep							
Number of times that you woke up during night							
Note any information affecting sleep for the day							

COMMENTS: