# Sleep Disorders Center

### OF SW FLORIDA

Dedicated to the Treatment of Sleep and Pulmonary Disorders

Please complete using the following symbols: ↓ = in bed; ↑ = out of bed; Fill in blocks where you slept. *In the Day 1*

**Name:**                                                    **Start Date:**

| | 7 PM | 8 PM | 9 PM | 10 PM | 11 PM | 12 AM | 1 AM | 2 AM | 3 AM | 4 AM | 5 AM | 6 AM | 7 AM | 8 AM | 9 AM | 10 AM | 11 AM | 12 AM | 1 PM | 2 PM | 3 PM | 4 PM | 5 PM | 6 PM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | ↓ | | | | ███ | ███ | ███ | | ███ | ███ | ███ | ↑ | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | |

*example, the subject went to bed at 12:15 a.m., fell asleep at 4 a.m., was awake for 1 hour at 7 and slept again until 11 a.m.*

**Insert in the corresponding box the time you took sleep meds with M, alcohol with A and caffeine with C**