Seven-night observation log

A few notes can help you notice patterns and explain what you are experiencing.

Name: _____ Week beginning: _____

Fill in sleep details each morning; add daytime sleepiness later that day. Estimates are fine. Use a partner's observations if available. Write **?** when you do not know.

Night / date	Sleep hours (estimate)	Snoring 0-3 or ?	Pauses / gasps Y / N / ?	Daytime sleepiness 0-3	Notes / what you tried
1 ____ / ____					
2 ____ / ____					
3 ____ / ____					
4 ____ / ____					
5 ____ / ____					
6 ____ / ____					
7 ____ / ____					

Snoring: 0 = none noticed; 1 = soft; 2 = loud; 3 = very loud; ? = unknown.
Pauses / gasps: Y = noticed; N = not noticed; ? = unknown or no observer.
Daytime sleepiness: 0 = none; 1 = mild; 2 = affects activities; 3 = unintended dozing.

Notes: Sleep position, congestion, alcohol, a change you tried, or anything unusual.
These ratings describe your observations; they are not a medical screening score.

One pattern or concern I want to discuss

This log cannot diagnose or rule out sleep apnea. Contact a healthcare professional about breathing pauses, gasping, or significant daytime sleepiness; do not wait to finish the log.