

# Bay Area Sleep Evaluation Center

**ACCREDITED THROUGH THE AMERICAN ACADEMY OF SLEEP MEDICINE**

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<b>Complete before bed time</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>	<b>Day 7</b>
How many naps did you take today and for how long?							
How many caffeinated drinks did you have today?							
Did you fall asleep today even though you didn't mean to?							
Did you exercise today and for how long?							
List any medications that you consumed today.							
How much energy did you have today?							
<b>Complete in the morning</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>	<b>Day 7</b>
Routine before going to bed							
What time did you go to bed last night?							
How long did it take you to fall asleep last night?							
What time did you wake up this morning?							
How many times did you wake up last night?							
Was it hard to wake up this morning?							

Patient Name: \_\_\_\_\_