Michael Cheikin M.D., *Holistic Medicine and Physiatry*

**HOURLY LOG NAME:**

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| Date | **am MONTH OF: pm** | Notes |
| **M** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **N** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | on back  |
|  1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Hourly Coding (notes on back)**A = arousal during sleepB = to bedF = foodH = hungerM = medicationN = nutriceutial (supplement)O = out of bed (awake)P = painS = symptom (note on back)W=water |  | **Sample Scales:**(A) Symptoms 0 = None 5 = Want to take medicine 10 = Go to E.R.(B) Wellness/Energy 10 = Excellent; Can do anything 5 = Some limitations 1 = Stay in bed |  | (C) Relief: includes how well you are functioning, how much pain, duration of pain 0% = Original amount of symptom 100% = Completely gone(D) Sleep 10 = full night, refreshed 1 = multiple interruptions, not refreshed |  | (E) Hunger: -5 = Nausea 0 = None 5 = Must eat something 10 = Uncontrolled eatinghourly\_log\_2022\_09\_22.docx |