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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Hourly Coding (notes on back)**  A = arousal during sleep  B = to bed  F = food  H = hunger  M = medication  N = nutriceutial (supplement)  O = out of bed (awake)  P = pain  S = 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 eating  hourly\_log\_2022\_09\_22.docx |