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**SLEEP LOG**  
 F-SL-GG.WPF 4/27/07

MONTH OF:										
	Bed-time	Onset	Interruptions	Refreshed	Out of Bed	Total Hrs Sleep	Nap	Depression/Anxiety	Pain	Note (Back)
Date/Scale		A	B	C				D	E	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
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30										
31										

**Scales**

(A) Sleep Onset

- 10 = less than 15 minutes
- 5 = less than 30 minutes
- 3 = less than 45 minutes
- 1 = more than 60 minutes

(C) Energy

- 10 = Excellent; can do anything
- 7 = Need a nap
- 4 = Constant fatigue
- 1 = Stay in bed

(E) Pain Overall

- 0 = None
- 5 = Need to take medicine
- 10 = Go to E.R.

(B) Sleep Interruptions

- 10 = None
- 5 = Occasional, back to sleep
- 1 = Frequent; unable to get back to sleep

(D) Emotions

- 10 = feel good
- 7 = some anxiety or sadness
- 4 = one episode of tears or severe anxiety
- 1 = more than two episodes of anxiety or tears