CHICAGO SLEEP GROUP *of Suburban Lung Associates*

ABMC/Elk Grove Phone: **847.981.3660;** Fax: **847-952-3802**
CDH/Winfield Phone: **630.690.4993;** Fax: **630-690-2293**

SLEEP LOG **NAME:**_____

Date	Naps (include length)	Medication (prior to bedtime)	Bedtime	Minutes to Fall Asleep	Number of Awakenings	Duration of Awakenings (total min.)	Final Out of Bed Time	Total Sleep Time (hrs/min)