

PATIENT ACTIVITY LOG SHEET

Patient Name: _____

Date of Recording: _____

Be sure to record the time you go to bed, the time you woke up in the morning, and anytime you eat or take naps. Also note activities such as reading, watching TV, or taking medications. If you wake up during the night and are unable to fall back asleep, please write down the time.

Time of Activity	Brief Description of Activities
7:00 a.m. - 9:00 a.m.	
9:00 a.m. - 11:00 a.m.	
11:00 a.m. - 1:00 p.m.	
1:00 p.m. - 3:00 p.m.	
3:00 p.m. - 5:00 p.m.	
5:00 p.m. - 7:00 p.m.	
7:00 p.m. - 9:00 p.m.	
9:00 p.m. - Bedtime (Time: _____)	
Night	
Wake up - Unhook (Time: _____)	