NAMCP Sleep Patient Health Record™

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Week Of: _____ Morning Section

Name: _____

Date	Wake-up Time	Did you have problems falling asleep?	Did you have problems staying asleep?	How did you feel upon waking up?	Total Hours of Sleep	Comments
Mon		☐ Yes ☐ No	☐ Yes ☐ No	☐ Refreshed ☐ Somewhat Refreshed ☐ Tired		
Tues		☐ Yes ☐ No	☐ Yes ☐ No	☐ Refreshed ☐ Somewhat Refreshed ☐ Tired		
Weds		☐ Yes ☐ No	☐ Yes ☐ No	☐ Refreshed ☐ Somewhat Refreshed ☐ Tired		
Thu		☐ Yes ☐ No	☐ Yes ☐ No	☐ Refreshed ☐ Somewhat Refreshed ☐ Tired		
Fri		☐ Yes ☐ No	☐ Yes ☐ No	☐ Refreshed ☐ Somewhat Refreshed ☐ Tired		
Sat		☐ Yes ☐ No	☐ Yes ☐ No	☐ Refreshed ☐ Somewhat Refreshed ☐ Tired		
Sun		☐ Yes ☐ No	☐ Yes ☐ No	☐ Refreshed ☐ Somewhat Refreshed ☐ Tired		

NAMCP Sleep Patient Report Card™

Week Of: _____ Night Section

Name: _____

Date	Did you exercise?	Did you take a nap?	Food/Drink (Anything out of the ordinary?)		Alcohol/Caffeine (Within 3 hours of bedtime)		Did you take any medications?	How did you feel today?	When did you fall asleep?
Mon	☐ Yes Morning: ___ Afternoon: ___ Evening: ___	☐ Yes ☐ No When and for how long? _____	☐ Yes Explain: _____	☐ No	☐ Yes What, when, and how much? _____	☐ No	☐ Yes Explain: _____	☐ Happy ☐ Sad ☐ Stress ☐ Anxiety ☐ _____	Time: _____ Routine: ☐ Meditation ☐ Reading ☐ Relaxation
Tues	☐ Yes Morning: ___ Afternoon: ___ Evening: ___	☐ Yes ☐ No When and for how long? _____	☐ Yes Explain: _____	☐ No	☐ Yes What, when, and how much? _____	☐ No	☐ Yes Explain: _____	☐ Happy ☐ Sad ☐ Stress ☐ Anxiety ☐ _____	Time: _____ Routine: ☐ Meditation ☐ Reading ☐ Relaxation
Weds	☐ Yes Morning: ___ Afternoon: ___ Evening: ___	☐ Yes ☐ No When and for how long? _____	☐ Yes Explain: _____	☐ No	☐ Yes What, when, and how much? _____	☐ No	☐ Yes Explain: _____	☐ Happy ☐ Sad ☐ Stress ☐ Anxiety ☐ _____	Time: _____ Routine: ☐ Meditation ☐ Reading ☐ Relaxation
Thu	☐ Yes Morning: ___ Afternoon: ___ Evening: ___	☐ Yes ☐ No When and for how long? _____	☐ Yes Explain: _____	☐ No	☐ Yes What, when, and how much? _____	☐ No	☐ Yes Explain: _____	☐ Happy ☐ Sad ☐ Stress ☐ Anxiety ☐ _____	Time: _____ Routine: ☐ Meditation ☐ Reading ☐ Relaxation
Fri	☐ Yes Morning: ___ Afternoon: ___ Evening: ___	☐ Yes ☐ No When and for how long? _____	☐ Yes Explain: _____	☐ No	☐ Yes What, when, and how much? _____	☐ No	☐ Yes Explain: _____	☐ Happy ☐ Sad ☐ Stress ☐ Anxiety ☐ _____	Time: _____ Routine: ☐ Meditation ☐ Reading ☐ Relaxation
Sat	☐ Yes Morning: ___ Afternoon: ___ Evening: ___	☐ Yes ☐ No When and for how long? _____	☐ Yes Explain: _____	☐ No	☐ Yes What, when, and how much? _____	☐ No	☐ Yes Explain: _____	☐ Happy ☐ Sad ☐ Stress ☐ Anxiety ☐ _____	Time: _____ Routine: ☐ Meditation ☐ Reading ☐ Relaxation
Sun	☐ Yes Morning: ___ Afternoon: ___ Evening: ___	☐ Yes ☐ No When and for how long? _____	☐ Yes Explain: _____	☐ No	☐ Yes What, when, and how much? _____	☐ No	☐ Yes Explain: _____	☐ Happy ☐ Sad ☐ Stress ☐ Anxiety ☐ _____	Time: _____ Routine: ☐ Meditation ☐ Reading ☐ Relaxation

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