

# SLEEP APNEA FREQUENCY LOG

Month/Year: \_\_\_\_\_

Patient Name:

Device (CPAP/BiPAP):

DATE	EVENTS (AHI)	HOURS SLEPT	NOTES (SNORING, FATIGUE, LEAKAGE)
------	--------------	-------------	-----------------------------------

**AHI Scale:** < 5 Normal | 5-15 Mild | 15-30 Moderate | > 30 Severe

This template is for personal tracking purposes only. Consult a medical professional for diagnosis and treatment.