

# SLEEP APNEA EVENT LOG

Date: \_\_\_\_\_

Name:

Observer:

Total Hours Slept:

Device Used (CPAP/None):

<b>TIME</b>	<b>EST. DURATION</b>	<b>EVENT TYPE</b>	<b>OBSERVATIONS (SNORTING, GASPING, MOVEMENT)</b>
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**Event Types:** A = Apnea (Full Stop) H = Hypopnea (Shallow) G = Gasping Wake

**Note:** This chart is for personal tracking purposes only. Please share these observations with a certified sleep specialist or medical professional.