

# SLEEP APNEA OBSERVATION LOG

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

Patient Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Observer: \_\_\_\_\_

<b>DATE</b>	<b>TIME OF EVENT</b>	<b>SNORING LEVEL (1- 5)</b>	<b>OBSERVATION (APNEA / GASPING / RESTLESSNESS)</b>	<b>POSITION / NOTES</b>
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**Snoring:** 1-Faint, 5-Very Loud | **Events:** A = Apnea (stopped breathing), G = Gasping/Choking, M = Sudden Movement | **Position:** B = Back, S = Side, F = Face Down