

Terveys- ja sairaanhoitopalvelut
Diagnostiikkakeskus
Neurophysiology Examination Unit

14.6.2023

Full name										Social security number										Height		cm	Weight		kg	ESS-points												
Date	Day of week	NIGHT					MORNING					DAY					EVENING					Quality of sleep (0-10)	CPAP-usage (hours)	Other														
		24	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19				20	21	22	23										
2.6	Wed										V				N				V				X	X	6	3	burana 600mg klo 13											
3.6	Thu	X	X	X	X	X	X																				***EXAMPLE***											
Medication and natural products currently in use:																	Additional information:																					
Mark as follows X = sleeping ↓ = bedtime ↑ = got up V = you are tired and want to sleep N = you have slept in a bed or in a chair																	(In the example line the patient has been tired at 10 am and at 6 pm and has slept at 2pm. The patient has gone to bed at 9 pm, but has fallen a sleep around 22 pm. The patient has slept Wed-Thu night from 10 pm to 6 am. The patient got up from the bed at 6 am.											Other: * Please write down the medication used and consumption of alcohol products (if applicable).										
																	Quality of sleep scale 0-10 (0=bad, 10=good)																					
																	CPAP (In the example line the patient has used CPAP during Wed-Thu night for 3 h)																					