THE SLEEP DISORDERS CLINIC

SLEEP DIARY NAME:_____

ANSWER IN THE MORNING AFTER WAKING FOR THE DAY

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
DATE							
What time did you first go to bed last night?							
How long did it take to fall asleep?							
If any, how many times did you wake up?							
Overall how many hours did you sleep?							
What time did you wake up (or the last time) this morning?							
In general, how did you feel when you woke up?	☐ **Very refreshed** ☐ **Somewhat refreshed** ☐ **Fatigued**	☐ **Very refreshed** ☐ **Somewhat refreshed** ☐ **Fatigued**	☐ **Very refreshed** ☐ **Somewhat refreshed** ☐ **Fatigued**	☐ **Very refreshed** ☐ **Somewhat refreshed** ☐ **Fatigued**	☐ **Very refreshed** ☐ **Somewhat refreshed** ☐ **Fatigued**	☐ **Very refreshed** ☐ **Somewhat refreshed** ☐ **Fatigued**	☐ **Very refreshed** ☐ **Somewhat refreshed** ☐ **Fatigued**

THE SLEEP DISORDERS CLINIC

SLEEP DIARY NAME:_____

ANSWER AT BEDTIME JUST BEFORE YOU GO TO SLEEP

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 4	DAY 6	DAY 7
DATE							
How much time, if any, did you spend napping during the day?							
Did you consume any of these substances?	☐ **Caffeine** (within 6 hours of bedtime ☐ **Alcohol** (within 1 hour of bedtime) ☐ **Medication** (type:_____	☐ **Caffeine** (within 6 hours of bedtime ☐ **Alcohol** (within 1 hour of bedtime) ☐ **Medication** (type:_____	☐ **Caffeine** (within 6 hours of bedtime ☐ **Alcohol** (within 1 hour of bedtime) ☐ **Medication** (type:_____	☐ **Caffeine** (within 6 hours of bedtime ☐ **Alcohol** (within 1 hour of bedtime) ☐ **Medication** (type:_____	☐ **Caffeine** (within 6 hours of bedtime ☐ **Alcohol** (within 1 hour of bedtime) ☐ **Medication** (type:_____	☐ **Caffeine** (within 6 hours of bedtime ☐ **Alcohol** (within 1 hour of bedtime) ☐ **Medication** (type:_____	☐ **Caffeine** (within 6 hours of bedtime ☐ **Alcohol** (within 1 hour of bedtime) ☐ **Medication** (type:_____
On a scale of one to five, how would you rate your overall functioning during the day?	☐ **5 - Energetic** ☐ **4** ☐ **3** ☐ **2** ☐ **1 - Lethargic**	☐ **5 - Energetic** ☐ **4** ☐ **3** ☐ **2** ☐ **1 - Lethargic**	☐ **5 - Energetic** ☐ **4** ☐ **3** ☐ **2** ☐ **1 - Lethargic**	☐ **5 - Energetic** ☐ **4** ☐ **3** ☐ **2** ☐ **1 - Lethargic**	☐ **5 - Energetic** ☐ **4** ☐ **3** ☐ **2** ☐ **1 - Lethargic**	☐ **5 - Energetic** ☐ **4** ☐ **3** ☐ **2** ☐ **1 - Lethargic**	☐ **5 - Energetic** ☐ **4** ☐ **3** ☐ **2** ☐ **1 - Lethargic**