THE SLEEP DISORDERS CLINIC

SLEEP DIARY

ANSWER IN THE MORNING AFTER WAKING FOR THE DAY

	At what time did you first go to bed last night?	Approximately how long did it take you to fall asleep?	About how many times, if any, did you awaken during the night?	Overall, about how many hours did you sleep?	At what time did you wake up (for the last time) this morning?	In general, how did you feel when you woke up?
DAY 1						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued
DAY 2						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued
DAY 3						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued
DAY 4						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued
DAY 5						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued
DAY 6						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued
DAY 7						☐ Very refreshed ☐ Somewhat refreshed ☐ Fatigued

THE SLEEP DISORDERS CLINIC

SLEEP DIARY

ANSWER AT BEDTIME JUST BEFORE YOU GO TO SLEEP

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