Sleep Diary

Please answer each day's questions for the seven (7) days prior to your sleep study

Day 1 – Date: _____

What time did you go to bed?	_____ AM or PM	***What time did you get out of bed?***	_____ AM or PM
How long did it take you to fall asleep?	_____ minutes	***About how many times did you wake up?***	_____ times
About how many hours total did you sleep?	_____ hours	***How refreshed did you feel when you got up?***	□ Very refreshed □ Somewhat refreshed □ Fatigued
How difficult was it for you to stay awake today?	□ Extremely difficult □ Somewhat difficult □ Not difficult at all	***Did you consume any of these substances today?***	□ Caffeine within 6 hours of bedtime □ Alcohol within 1 hour of bedtime □ Medication
Did you exercise at least 20 minutes today? When?	□ Morning □ Afternoon □ Evening	***Was your sleep disturbed by anything? Explain.***	

Day 2 – Date: _____

What time did you go to bed?	_____ AM or PM	***What time did you get out of bed?***	_____ AM or PM
How long did it take you to fall asleep?	_____ minutes	***About how many times did you wake up?***	_____ times
About how many hours total did you sleep?	_____ hours	***How refreshed did you feel when you got up?***	□ Very refreshed □ Somewhat refreshed □ Fatigued
How difficult was it for you to stay awake today?	□ Extremely difficult □ Somewhat difficult □ Not difficult at all	***Did you consume any of these substances today?***	□ Caffeine within 6 hours of bedtime □ Alcohol within 1 hour of bedtime □ Medication
Did you exercise at least 20 minutes today? When?	□ Morning □ Afternoon □ Evening	***Was your sleep disturbed by anything? Explain.***	

Day 3 – Date: _____

What time did you go to bed?	_____ AM or PM	***What time did you get out of bed?***	_____ AM or PM
How long did it take you to fall asleep?	_____ minutes	***About how many times did you wake up?***	_____ times
About how many hours total did you sleep?	_____ hours	***How refreshed did you feel when you got up?***	□ Very refreshed □ Somewhat refreshed □ Fatigued
How difficult was it for you to stay awake today?	□ Extremely difficult □ Somewhat difficult □ Not difficult at all	***Did you consume any of these substances today?***	□ Caffeine within 6 hours of bedtime □ Alcohol within 1 hour of bedtime □ Medication
Did you exercise at least 20 minutes today? When?	□ Morning □ Afternoon □ Evening	***Was your sleep disturbed by anything? Explain.***	

See reverse for days 4 through 7

Day 4 – Date: _____

What time did you go to bed?	_____ AM or PM	***What time did you get out of bed?***	_____ AM or PM
How long did it take you to fall asleep?	_____ minutes	***About how many times did you wake up?***	_____ times
About how many hours total did you sleep?	_____ hours	***How refreshed did you feel when you got up?***	□ Very refreshed □ Somewhat refreshed □ Fatigued
How difficult was it for you to stay awake today?	□ Extremely difficult □ Somewhat difficult □ Not difficult at all	***Did you consume any of these substances today?***	□ Caffeine within 6 hours of bedtime □ Alcohol within 1 hour of bedtime □ Medication
Did you exercise at least 20 minutes today? When?	□ Morning □ Afternoon □ Evening	***Was your sleep disturbed by anything? Explain.***	

Day 5 – Date: _____

What time did you go to bed?	_____ AM or PM	***What time did you get out of bed?***	_____ AM or PM
How long did it take you to fall asleep?	_____ minutes	***About how many times did you wake up?***	_____ times
About how many hours total did you sleep?	_____ hours	***How refreshed did you feel when you got up?***	□ Very refreshed □ Somewhat refreshed □ Fatigued
How difficult was it for you to stay awake today?	□ Extremely difficult □ Somewhat difficult □ Not difficult at all	***Did you consume any of these substances today?***	□ Caffeine within 6 hours of bedtime □ Alcohol within 1 hour of bedtime □ Medication
Did you exercise at least 20 minutes today? When?	□ Morning □ Afternoon □ Evening	***Was your sleep disturbed by anything? Explain.***	

Day 6 – Date: _____

What time did you go to bed?	_____ AM or PM	***What time did you get out of bed?***	_____ AM or PM
How long did it take you to fall asleep?	_____ minutes	***About how many times did you wake up?***	_____ times
About how many hours total did you sleep?	_____ hours	***How refreshed did you feel when you got up?***	□ Very refreshed □ Somewhat refreshed □ Fatigued
How difficult was it for you to stay awake today?	□ Extremely difficult □ Somewhat difficult □ Not difficult at all	***Did you consume any of these substances today?***	□ Caffeine within 6 hours of bedtime □ Alcohol within 1 hour of bedtime □ Medication
Did you exercise at least 20 minutes today? When?	□ Morning □ Afternoon □ Evening	***Was your sleep disturbed by anything? Explain.***	

Day 7 – Date: _____

What time did you go to bed?	_____ AM or PM	***What time did you get out of bed?***	_____ AM or PM
How long did it take you to fall asleep?	_____ minutes	***About how many times did you wake up?***	_____ times
About how many hours total did you sleep?	_____ hours	***How refreshed did you feel when you got up?***	□ Very refreshed □ Somewhat refreshed □ Fatigued
How difficult was it for you to stay awake today?	□ Extremely difficult □ Somewhat difficult □ Not difficult at all	***Did you consume any of these substances today?***	□ Caffeine within 6 hours of bedtime □ Alcohol within 1 hour of bedtime □ Medication
Did you exercise at least 20 minutes today? When?	□ Morning □ Afternoon □ Evening	***Was your sleep disturbed by anything? Explain.***	