

## SLEEP DIARY

Use this to compile data on your sleep quality and habits. Once completed, you should bring when going to see your doctor. The more information available to your doctor, the more effective they can be in dealing with your sleep problems.

NAME	
AGE	
HEIGHT WEIGHT	
MEDICATIONS BEING TAKEN	
OTHER MEDICAL CONDITIONS	

Start Date	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time I went to bed last night Time I woke up this morning							
Number of hours' sleep							
Number of awakenings Approx. total time awake							
How long it took me to fall asleep							
How awake did I feel on awakening this morning? 1. Wide awake 2. Awake, but a little tired 3. Tired/sleepy							

Number of caffeinated/fizzy or alcoholic drinks taken today							
Time of last drink							
Any naps? (number and length of time)							
Any exercise (amount of time)							
How sleepy I felt during the day Struggled to stay awake (1) Somewhat tired (2) Fairly alert (3) Wide awake (4)							

**ANSWERS MAY BE EXTENDED TO ANOTHER SHEET OF PAPER.**