Print Form

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.***	

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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.***	