

Sleep Diary

Please print this form and complete this two-week diary the days preceding your scheduled sleep study, and bring it with you the night of your test.

Name _____
(please print)

Week 1	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Time you woke up.							
Time you got out of bed.							
Did you wake up refreshed (R) or tired (T)? (circle)	R or T	R or T	R or T	R or T	R or T	R or T	R or T
Number of naps taken through the day.							
Note duration of longest nap. (in minutes)							
Time you went to bed.							
Approximate time you fell asleep.							
Number of times awakened during night.							
Note any information affecting sleep for the day.							

Week 2	Sun	Mon	Tues	Wed	Thurs	Fri
Time you woke up.						
Time you got out of bed.						
Did you wake up refreshed or tired? (circle)	R or T	R or T	R or T	R or T	R or T	R or T
Number of naps taken through the day.						
Note duration of longest nap. (in minutes)						
Time you went to bed.						
Approximate time you fell asleep.						
Number of times awakened during night.						
Note any information affecting sleep for the day.						