

Appendix 3 Patient Handout – Please Feel Free to Copy this Page

SLEEP DIARY

Name:							
Day	1	2	3	4	5	6	7
Date:							
What Time you went to bed:							
Estimated time it took you to fall asleep:							
Time you got up (and did not go back to bed):							
Number of times awake during the night.							
Estimated number of hours you slept:							
How long did you nap during the day?							
Was the previous day stressful?							
Did you exercise?							
Did you drink coffee/tea/cola before bed?							
Rate how you felt today, from 1 (very sleepy) to 5 (well rested).							
How irritable you felt today, from 1 (not at all) to 5 (very irritable).							
List medications you took to get to sleep, and when you took them.							

Adapted from website sources:

- 1) <http://www.webmd.com/sleep-disorders/sleep-diary>, accessed Apr. 5, 2007;
- 2) <http://www.sleepapneacenter.com/files/SleepDiaryChart.pdf>;
- 3) http://www.nhlbi.nih.gov/health/public/sleep/starslp/teachers/sleep_diary.htm;
- 4) <http://www.circadiandisorders.org/sleepdiary.html>. [2, 3, & 4 all accessed Mar., 2008]