Please fill out 2 weeks before your appointment

National Sleep Foundation Sleep Diary

Fill out days 1-4 below and days 5-7 on page 2	COMPLETE IN MORNING							COMPLETE AT END OF DAY				
	I went to bed last night at:	I got out of bed this morning at:	Last night, I fell asleep in:	I woke up during the night: *(Record number of times)*	When I woke up for the day, I felt: *(Check one)*	Last night I slept a total of: *(Record number of hours)*	My sleep was disturbed by: *(List any mental, emotional, physical or environmental factors that affected your sleep; e.g. stress, snoring, physical discomfort, temperature)*	I consumed caffeinated drinks in the: *(e.g. coffee, tea, cola)*	I exercised at least 20 minutes in the:	Approximately 2-3 hours before going to bed, I consumed:	Medication(s) I took during the day: *(List name of medication/drug(s))*	About 1 hour before going to sleep, I did the following activity: *(List activity; e.g. watch TV, work, read)*
DAY 1 DAY_______ DATE_______	____PM/AM	____PM/AM	___Minutes	____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	____Hours	________	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	________	________
DAY 2 DAY_______ DATE_______	____PM/AM	____PM/AM	___Minutes	____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	____Hours	________	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	________	________
DAY 3 DAY_______ DATE_______	____PM/AM	____PM/AM	___Minutes	____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	____Hours	________	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	________	________
DAY 4 DAY_______ DATE_______	____PM/AM	____PM/AM	___Minutes	____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	____Hours	________	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	________	________

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DAY 5 DAY______ DATE______	____PM/AM	____PM/AM	___Minutes	____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	____Hours	______ ______ ______ ______ ______	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	______ ______ ______ ______ ______	______ ______ ______ ______ ______
DAY 6 DAY______ DATE______	____PM/AM	____PM/AM	___Minutes	____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	____Hours	______ ______ ______ ______ ______	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	______ ______ ______ ______ ______	______ ______ ______ ______ ______
DAY 7 DAY______ DATE______	____PM/AM	____PM/AM	___Minutes	____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	____Hours	______ ______ ______ ______ ______	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	______ ______ ______ ______ ______	______ ______ ______ ______ ______

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DAY 2 DAY_____ DATE_____	____PM/AM	____PM/AM	___Minutes	____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	____Hours	_____	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	_____	_____
DAY 3 DAY_____ DATE_____	____PM/AM	____PM/AM	___Minutes	____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	____Hours	_____	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	_____	_____
DAY 4 DAY_____ DATE_____	____PM/AM	____PM/AM	___Minutes	____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	____Hours	_____	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	_____	_____

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DAY 6 DAY________ DATE________	____PM/AM	____PM/AM	____Minutes	____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	____Hours	________ ________ ________ ________ ________	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	________ ________ ________ ________ ________	________ ________ ________ ________ ________
DAY 7 DAY________ DATE________	____PM/AM	____PM/AM	____Minutes	____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	____Hours	________ ________ ________ ________ ________	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	________ ________ ________ ________ ________	________ ________ ________ ________ ________