

# Sleep Diary

Use this sleep diary to record the quality and quantity of your sleep; medicines, alcohol, and caffeinated drinks; and how sleepy you feel during the day.

Make a copy of this diary if needed after finished it and send to us via patients portal.

Name:			
DOB:			
Date of Diary:		to	
	MM/DD/YY		MM/DD/YY

Fill out before going to bed							Fill out in the morning						
Date (MM-DD-YY)	How sleepy did I feel during the day today? 1. Very sleepy 2. Somewhat tired 3. Fairly alert 4. Alert	Number of caffeinated drinks (coffee, tea, soda) and time when I had them today	Number of alcoholic drinks (beer, wine, liquor) and time when I had them today	Any recreational drugs today? (Y/N. If Yes, name, time and quantity taken)	Nap times and lengths today	Exercise times and lengths today	Bedtime	How long I took to fall asleep last night	Wakeup time	Hours spent in bed last night	Number of awakenings / Total time awake last night	Medicines taken last night	How alert did I feel when I got up this morning? 1. Alert 2. Alert but a little tired 3. Sleepy
Example 11-03-24	1	1 coffee, 9 am	2 beer, 9 pm	No	2:30 pm, 40 mins	None	11:30 pm	15 min	5:30 am	6	1/5 mins	None	2