

Sleep Diary

Name: _____

Date Started: _____

Patients: In the columns below indicate your bedtime night and your wake time in the morning, for example, bedtime Sunday night at 10pm woke up Monday at 7am

	Sunday Monday	Monday Tuesday	Tuesday Wednesday	Wednesday Thursday	Thursday Friday	Friday Saturday	Saturday Sunday
Bedtime (to nearest quarter hour)							
Wake time (to nearest quarter hour)							
Total sleep time (hours)							
Number of awakenings during the night							
Number of caffeinated drinks	Monday Morning: Afternoon: Evening:	Tuesday Morning: Afternoon: Evening:	Wednesday Morning: Afternoon: Evening:	Thursday Morning: Afternoon: Evening:	Friday Morning: Afternoon: Evening:	Saturday Morning: Afternoon: Evening:	Sunday Morning: Afternoon: Evening:

Have you been told by a family member that you snore? Yes____ No____

Do you believe that you often have difficulty sleeping (falling asleep, awakening during the night, awake feeling drowsy or not refreshed)? Yes____ No____