

Sleep Diary

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

Fill out before going to bed	Today's date:	June 13*							
	Number of caffeinated drinks (coffee, tea, cola) and time when I had them today:	1 drink, 8 p.m.							
	Number of alcoholic drinks (beer, wine, liquor) and time when I had them today:	2 drinks, 9 p.m.							
	Nap times and lengths today:	3:30 p.m., 45 minutes							
	Exercise times and lengths today:	None							
	How sleepy did I feel during the day today? 1—So sleepy I had to struggle to stay awake during much of the day 2—Somewhat tired 3—Fairly alert 4—Alert	1							
Fill out in the morning	Today's date:	June 14*							
	• Time I went to bed last night: • Time I got out of bed this morning: • Hours spent in bed last night:	11 p.m. 7 a.m. 8							
	Number of awakenings and total time awake last night:	5 times, 2 hours							
	How long I took to fall asleep last night:	30 minutes							
	Medicines taken last night:	None							
	How alert did I feel when I got up this morning? 1—Alert 2—Alert but a little tired 3—Sleepy	2							

* This column shows example diary entries—use as a model for your own diary notes.