

SLEEP DIARY

| Day of Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--|--------|---------|-----------|----------|--------|----------|--------|
| Time went to bed | | | | | | | |
| Time it took to fall asleep (hours/minutes) | | | | | | | |
| Number of times woke up during night | | | | | | | |
| Time got out of bed in the morning | | | | | | | |
| Total amount of sleep (hours/minutes) | | | | | | | |
| Quality of sleep (good, fair, poor) | | | | | | | |
| Drowsiness during the day (Y/N) | | | | | | | |
| Time(s) of drowsiness | | | | | | | |
| Factors that prevented sleep (pain, stress, noise, etc.) | | | | | | | |
| Factors that were effective as sleep aids (exercise, food, medication, etc.) | | | | | | | |
| Comments: | | | | | | | |

This sleep diary is intended to help you identify the duration and quality of your sleep, factors that prevent you from getting adequate and quality sleep, and factors that can help you improve the duration and quality of your sleep. If sleeplessness is a problem, please discuss the possible causes and available treatments with your doctor. This diary is intended to help you characterize your sleep and to aid in discussing sleep-related issues with your doctor.