NORTHSHORE SLEEP MEDICINE

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847-674-3600, phone | 847-674-3639, fax

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SLEEP DIARY

MORNING: Answer in the morning after waking for the day.

	What time did you go to bed last night?	**Approximately how long did it take you to fall asleep?**	**How many times, if any did you wake during the night?**	**Overall, how many hours do you think you slept?**	**At what time did you wake up this morning?**	**In general, how did you feel when you woke up?**
DAY 1						___ Very refreshed ___Somewhat refreshed ___Fatigued
DAY 2						___ Very refreshed ___Somewhat refreshed ___Fatigued
DAY 3						___ Very refreshed ___Somewhat refreshed ___Fatigued
DAY 4						___ Very refreshed ___Somewhat refreshed ___Fatigued
DAY 5						___ Very refreshed ___Somewhat refreshed ___Fatigued
DAY 6						___ Very refreshed ___Somewhat refreshed ___Fatigued
DAY 7						___ Very refreshed ___Somewhat refreshed ___Fatigued

Please add any additional comments below:

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SLEEP DIARY

BEDTIME: Answer before going to sleep/bed.

	How much time, if any, do you spend napping during the day?	**Did you consume any of these substances today?** (Please list all medications taken)	**On a scale of 1 to 5, how would you rate your overall function during today?** Circle the number.
DAY 1		___ Caffeine, within 6 hrs of bedtime ___ Alcohol, within 1 hr of bedtime ___ Medication(s):	5 Energetic 4 3 2 1 Lethargic
DAY 2		___ Caffeine, within 6 hrs of bedtime ___ Alcohol, within 1 hr of bedtime ___ Medication(s):	5 Energetic 4 3 2 1 Lethargic
DAY 3		___ Caffeine, within 6 hrs of bedtime ___ Alcohol, within 1 hr of bedtime ___ Medication(s):	5 Energetic 4 3 2 1 Lethargic
DAY 4		___ Caffeine, within 6 hrs of bedtime ___ Alcohol, within 1 hr of bedtime ___ Medication(s):	5 Energetic 4 3 2 1 Lethargic
DAY 5		___ Caffeine, within 6 hrs of bedtime ___ Alcohol, within 1 hr of bedtime ___ Medication(s):	5 Energetic 4 3 2 1 Lethargic
DAY 6		___ Caffeine, within 6 hrs of bedtime ___ Alcohol, within 1 hr of bedtime ___ Medication(s):	5 Energetic 4 3 2 1 Lethargic
DAY 7		___ Caffeine, within 6 hrs of bedtime ___ Alcohol, within 1 hr of bedtime ___ Medication(s):	5 Energetic 4 3 2 1 Lethargic