

SLEEP MEDICINE CONSULTANTS – SLEEP DIARY

Day of the Week/Date							
<p>What time did you turn your lights out, actually trying to sleep?</p> <p>Did you take a sleeping medication? If so...what medication and dosage?</p>							
<p>How many minutes did it take you to fall asleep last night?</p>							
<p>How often did you awaken last night?</p>							
<p>What time did you wake up to start the day?</p>							
<p>How many hours did you sleep last night?</p>							
<p>Did you take naps yesterday? If yes, give approx—length of sleep in minutes.</p>							
<p>Compared with your own average over the last month, how well did you sleep last night? Choose from the list A below.</p>							
<p>Overall, how refreshing and restorative was your sleep? Choose from list B below.</p>							
<p>Notes</p>							

A

1. Much worse than my average.
2. Slightly worse than my average.
3. Fairly typical for me.
4. Slightly better than my average.
5. Much better than my average.

B

1. Not at all restorative, no benefit.
2. Some slight restorative value.
3. Restorative, but not adequate.
4. Relatively satisfactory
5. Very satisfactory. I feel rested