Sleep Diary

Date__________________________

Complete after awakening:

Time you went to bed_____________

Time you fell asleep______________

Time you woke up_______________

Number of times awakened during the night______________

Amount of time awake during the night__________________

**Total Nighttime sleep**

Comments on quality of night’s sleep:
___________________________________________________________________________________________

Did you feel groggy after getting up in the morning? Yes_______ No_______

If yes, for how long?__________________________________

Complete at the end of the day:

Naps: __________

Time fell asleep_________________

Time awoke____________________

**Total Nap Time**

Comments on quality of naps: _________________________________________________________________________

Using the Stanford Sleepiness scale below, note your alertness during the day:

1) Feeling active, vital, alert, wide awake 6:00am_______ 4:00pm_______
2) Functioning at a high level, not at peak 8:00am_______ 6:00pm_______
3) Relaxed, not full alertness, responsive 10:00am_______ 8:00pm_______
4) A little foggy, not at peak, let down Noon _________ 10:00pm_______
5) Tired, losing interest, slowed down 2:00pm_______ Mdnt _________
6) Sleepiness, prefer to be lying down
7) Almost in a reverie, hard to stay awake

How was your overall sleepiness/alertness today (1-7)?__________

Other comments on mental and physical:
Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations? Score yourself using the following scale:

0 = would never doze  
1 = slight chance of dozing  
2 = moderate chance of dozing  
3 = high chance of dozing

_____ Sitting and reading  
_____ Watching TV  
_____ Sitting, inactive in a public place (e.g., a theater or a meeting)  
_____ As a passenger in a car for a hour without a break  
_____ Lying down to rest in the afternoon when circumstances permit  
_____ Sitting and talking to someone  
_____ Sitting quietly after a lunch without alcohol  
_____ In a car, while stopped for a few minutes in traffic

_____ Total Score

Evaluate your total score:

0-5  Slight or no sleep debt  
6-10  Moderate sleep debt  
11-20  Heavy sleep debt  
21-25  Extreme sleep debt