## **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 mo	orning? 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, no			
<ol> <li>Feeling active, vital, alert, wide awake</li> <li>Functioning at a high level, not at peak</li> <li>Relaxed, not full alertness, responsive</li> <li>A little foggy, not at peak, let down</li> <li>Tired, losing interest, slowed down</li> </ol>	6:00am 8:00am 10:00am Noon 2:00pm	4:00pm 6:00pm 8:00pm 10:00pm	
<ul><li>6) Sleepiness, prefer to be lying down</li><li>7) Almost in a reverie, hard to stay awake</li></ul>			
How was your overall sleepiness/alertnes	s 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		