

SLEEP DIARY

THE SLEEP DISORDERS CENTER OF CENTRAL TEXAS

NAME: _____

Complete this form for each day of the week in the week prior to your overnight/nap recordings. Add any additional comments on the back. Please refer to the back of this page for explanation/definition of the various terms (bedtime, time to fall asleep, wake time, etc.).

	Bedtime ¹	Time to fall asleep ²	Number of awakenings ³	Wake time ⁴	Out-of-bed time ⁵	Comments
Monday Date:						
Tuesday Date:						
Wednesday Date:						
Thursday Date:						
Friday Date:						
Saturday Date:						
Sunday Date:						

In the **Comments** section for each day, list any prescription and/or over-the-counter medication taken (including dose), as well as alcohol or caffeinated beverages consumed (including type and volume of alcoholic beverage, number of cups of coffee, etc); specify the time(s) of the day/night that you took each medication, as well as the time(s) of the day/night that you drank alcohol and/or caffeinated beverages; for example, can of beer, 6 pm; glass of tea, 4 pm; cup of coffee, 8 am; Glucotrol 10 mg, 9 am, etc.

In the space below, write the name(s) of the medications your sleep specialist asked you to discontinue for the upcoming nighttime sleep and nap recordings; in addition, specify the date(s) that you completed your withdrawal of each medication, ie., the date that you took your last dose of each medication; for example, Ambien 5 mgs, 5/9/00, Prozac 10 mgs, 5/12/00.

1. Bedtime – the time you go to bed each night.
2. Time to fall asleep – an **estimate** of how long it took you to fall asleep after you went to bed.
3. Number of awakenings – an **estimate** of the number of times you awoke during the night. Don't count the last awakening at the end of the night.
4. Wake time – the time you awoke for the last time, at the end of the night.
5. Out-of-bed-time – the time you actually got out of bed in the morning to start you day.