

This Sleep Diary can help you and your healthcare professional evaluate your sleep patterns and determine if further treatment options are needed. Keep it next to your bed and fill it out each day. Bring the completed form with you to your next appointment to discuss your progress.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
What time did you go to bed last night?	____ : ____ AM PM	____ : ____ AM PM	____ : ____ AM PM	____ : ____ AM PM	____ : ____ AM PM	____ : ____ AM PM	____ : ____ AM PM
How long did it take for you to fall asleep?	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins
How many times did you wake up during the night?	_____	_____	_____	_____	_____	_____	_____
What disturbed your sleep? (e.g. hot flashes)							
How long did you sleep in total?	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins
On a scale of 1 to 5, how did you feel when you woke up?	__1 -Not rested __2 __3-Neutral __4 __5-Rested	__1 -Not rested __2 __3-Neutral __4 __5-Rested	__1 -Not rested __2 __3-Neutral __4 __5- Rested	__1 -Not rested __2 __3-Neutral __4 __5-Rested	__1 -Not rested __2 __3-Neutral __4 __5-Rested	__1 -Not rested __2 __3-Neutral __4 __5-Rested	__1 -Not rested __2 __3-Neutral __4 __5-Rested
On a scale of 1 to 5, how did you feel over the course of the day?	__1 -Fatigued __2 __3-Neutral __4 __5-Energetic	__1 -Fatigued __2 __3-Neutral __4 __5-Energetic	__1 -Fatigued __2 __3-Neutral __4 __5-Energetic	__1 -Fatigued __2 __3-Neutral __4 __5-Energetic	__1 -Fatigued __2 __3-Neutral __4 __5-Energetic	__1 -Fatigued __2 __3-Neutral __4 __5-Energetic	__1 -Fatigued __2 __3-Neutral __4 __5-Energetic
Overall, are you satisfied with the quality of your sleep? (please check the option that best applies)	__1-Dissatisfied __2-Somewhat dissatisfied __3-Neutral __4-Satisfied __5-Very satisfied	__1-Dissatisfied __2-Somewhat dissatisfied __3-Neutral __4-Satisfied __5-Very satisfied	__1-Dissatisfied __2-Somewhat dissatisfied __3-Neutral __4-Satisfied __5-Very satisfied	__1-Dissatisfied __2-Somewhat dissatisfied __3-Neutral __4-Satisfied __5-Very satisfied	__1-Dissatisfied __2-Somewhat dissatisfied __3-Neutral __4-Satisfied __5-Very satisfied	__1-Dissatisfied __2-Somewhat dissatisfied __3-Neutral __4-Satisfied __5-Very satisfied	__1-Dissatisfied __2-Somewhat dissatisfied __3-Neutral __4-Satisfied __5-Very satisfied
Did you nap today? If so, how long?	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins	____ hrs ____ mins
Notes and Concerns							