

## SLEEP DIARY

Please complete this two-week diary the days preceding the scheduled sleep study. If you receive this less than two weeks before your study date, please complete it from memory the best that you can.

Patient Name: \_\_\_\_\_

Please Print

### WEEK 1

DAY/DATE	SUN	MON	TUE	WED	THU	FRI	SAT
Time you woke up.							
Time you got out of bed.							
Did you wake up refreshed or tired? (circle one letter)	R or T						
Note the number of naps taken throughout the day.							
Time you went to bed.							
Approximate time you fell asleep.							
Number of times you awakened during the night.							
Note any information affecting sleep for the day.							
Note duration of the longest. (minutes)							

### WEEK 2

DAY/DATE	SUN	MON	TUE	WED	THU	FRI	SAT
Time you woke up.							
Time you got out of bed.							
Did you wake up refreshed or tired? (circle one letter)	R or T						
Note the number of naps taken throughout the day.							
Time you went to bed.							
Approximate time you fell asleep.							
Number of times you awakened during the night.							
Note any information affecting sleep for the day.							
Note duration of the longest. (minutes)							

Sleep Services of Americas accredited by the Joint Commission on Accreditation of Healthcare Organization (JCAHO)