Handout 5-4

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.

| Feeling active, vital, alert, wide awake | 6 AM | 4 PM |
| Functioning at a high level, not at peak | 8 AM | 6 PM |
| Relaxed, not fully alert, responsive | 10 AM | 8 PM |
| A little foggy, not at peak, let down | NOON | 10 PM |
| Fogginess, losing interest, slowed down | 2 PM | MDNT |
| Sleepiness, prefer to be lying down | |
| Almost in a reverie, hard to stay awake | |

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

Other comments on mental and physical:

HANDOUT 5–4

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
2. Functioning at a high level, not at peak
3. Relaxed, not full alertness, responsive
4. A little foggy, not at peak, let down
5. Fogginess, losing interest, slowed down
6. Sleepiness, prefer to be lying down
7. Almost in a reverie, hard to stay awake

<table>
<thead>
<tr>
<th>Time</th>
<th>6 AM</th>
<th>8 AM</th>
<th>10 AM</th>
<th>NOON</th>
<th>2 PM</th>
<th>MDNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How was your overall sleepiness/alertness today (1–7)? ________________

Other comments on mental and physical:

Date: ___________________________ Time: ___________________________

Pre-sleep Thoughts:
_______________________________
_______________________________
_______________________________
_______________________________
_______________________________

Pre-sleep Emotions:
_______________________________
_______________________________
_______________________________
_______________________________

Dream:
_______________________________
_______________________________
_______________________________
_______________________________
_______________________________

Your interpretation:
_______________________________
_______________________________
_______________________________
_______________________________
_______________________________

Feelings Upon Awakening:
_______________________________
_______________________________
_______________________________
_______________________________

Additional Comments:
_______________________________
_______________________________
_______________________________
_______________________________
Date: ___________________________   Time: ___________________________

Pre-sleep Thoughts:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Pre-sleep Emotions:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Dream:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Your interpretation:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Feelings Upon Awakening:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Additional Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________