

HANDOUT 3-7

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

| | | | |
|-------|--|-------|--|
| 6 AM | | 4 PM | |
| 8 AM | | 6 PM | |
| 10 AM | | 8 PM | |
| NOON | | 10 PM | |
| 2 PM | | MDNT | |

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

Other comments on mental and physical:

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