Please fill out for the 2 weeks prior to your appointment

National Sleep Foundation Sleep Diary												
Fill out days 1-4 below	Complete in morning							Complete at end of day				
	I went to bed last night at:	I got out of bed this morning at:	Last night, I fell asleep in:	I woke up during the night:	When I woke up for the day, I felt:	Last night I slept a total of:	My sleep was disturbed by: (e.g. stress, snoring, temperature)	I consumed caffeinated drinks in the:	I exercised at least 20 minutes in the:	About 2-3 hours before bed I consumed:	Medications I took during the day:	About 1 hour before going to bed I did the following activities:
Day 1 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		
Day 2 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		
Day 3 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		
Day 4 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		

National Sleep Foundation Sleep Diary												
Fill out days 5-7 below	Complete in morning							Complete at end of day				
	I went to bed last night at:	I got out of bed this morning at:	Last night, I fell asleep in:	I woke up during the night:	When I woke up for the day, I felt:	Last night I slept a total of:	My sleep was disturbed by: (e.g. stress, snoring, temperature)	I consumed caffeinated drinks in the:	I exercised at least 20 minutes in the:	About 2-3 hours before bed I consumed:	Medications I took during the day:	About 1 hour before going to bed I did the following activities:
Day 5 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		
Day 6 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		
Day 7 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		

National Sleep Foundation Sleep Diary

Fill out days 8-11 below	Complete in morning							Complete at end of day				
	I went to bed last night at:	I got out of bed this morning at:	Last night, I fell asleep in:	I woke up during the night:	When I woke up for the day, I felt:	Last night I slept a total of:	My sleep was disturbed by: (e.g. stress, snoring, temperature)	I consumed caffeinated drinks in the:	I exercised at least 20 minutes in the:	About 2-3 hours before bed I consumed:	Medications I took during the day:	About 1 hour before going to bed I did the following activities:
Day 8 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		
Day 9 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		
Day 10 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		
Day 11 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		

National Sleep Foundation Sleep Diary													
Fill out days 12-14 below	Complete in morning							Complete at end of day					
	I went to bed last night at:	I got out of bed this morning at:	Last night, I fell asleep in:	I woke up during the night:	When I woke up for the day, I felt:	Last night I slept a total of:	My sleep was disturbed by: (e.g. stress, snoring, temperature)	I consumed caffeinated drinks in the:	I exercised at least 20 minutes in the:	About 2-3 hours before bed I consumed:	Medications I took during the day:	About 1 hour before going to bed I did the following activities:
Day 12 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		
Day 13 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		
Day 14 Date:_____ Time:_____	____ PM/AM	____ PM/AM	___minutes	____times	□ Refreshed □ Somewhat Refreshed □ Fatigued	____ hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable		