

Sleep Diary

Name _____

Date begun _____

Note to students: For the period **FRI./Saturday**, indicate your bedtime Friday night and your wake time on Saturday morning. Treat other time periods similarly: day in **bold** capital letters for **bedtime**; day in *italics* for *wake time*.

	FRI. <i>Saturday</i>	SAT. <i>Sunday</i>	SUN. <i>Monday</i>	MON. <i>Tuesday</i>	TUES. <i>Wednesday</i>	WED. <i>Thursday</i>	THURS. <i>Friday</i>	FRI. <i>Saturday</i>	SAT. <i>Sunday</i>	SUN. <i>Monday</i>	AVERAGE
Bedtime (to nearest quarter hour)											
Wake time (to nearest quarter hour)											
Total sleep time (hours)											
Number of awakenings during the night											
Number of caffeinated drinks	Friday Morning: Afternoon: Evening:	Saturday Morning: Afternoon: Evening:	Sunday Morning: Afternoon: Evening:	Monday Morning: Afternoon: Evening:	Tuesday Morning: Afternoon: Evening:	Wednesday Morning: Afternoon: Evening:	Thursday Morning: Afternoon: Evening:	Friday Morning: Afternoon: Evening:	Saturday Morning: Afternoon: Evening:	Sunday Morning: Afternoon: Evening:	Morning: Afternoon: Evening:

Have you been told by a family member that you snore? yes _____ no _____

Do you believe that you often have difficulty sleeping (falling asleep, awakening during the night, awakening unrefreshed)? yes _____ no _____