Blanchard Valley Sleep Disorders Center
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SLEEP DIARY

BEGIN LOG IN THE EVENING AS YOU PREPARE FOR BED							
	DAY 1	**DAY 2**	**DAY 3**	**DAY 4**	**DAY 5**	**DAY 6**	**DAY 7**
NAPS TAKEN							
CAFFIENE CONSUMED							
ALCOHOL CONSUMED							
NICOTINE USED							
MEDICATION TO INDUCE SLEEP							
IN THE MORNING COMPLETE DIARY AS IS POSSIBLE (WITHOUT UNDUE STRESS)							
BEDTIME (lights out)							
APPROXIMATE TIME It took to fall asleep							
Number of **AWAKENINGS**							
TIME SPENT **AWAKE DURING THE NIGHT**							
ALARM SET TIME							
# **SNOOZE** ALARM Activations							
WAKE UP TIME (Final wakeup time)							
ESTIMATED HOURS OF SLEEP							
WAKEUP REFRESHED	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO	___ YES ___ NO

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