

NAME: _____

Sleep Diary: _____

PERIOD: _____

(Date)

Complete after awakening in the morning:

What was I doing before I went to bed?					

Did the above activity you were engaged in prior to bedtime affect: The time you went to sleep YES NO					
Time you went to bed. (include AM/PM)	Time you fell asleep (approx.)	Number of times you woke up during the night (include AM/PM)	Time you woke up (include AM/PM)	Amount of time you were awake during the night	Total Nighttime sleep

Comments on the quality of night's sleep:

Did you feel groggy after getting up in the morning? **YES NO**

If yes, for how long did you feel groggy?

Complete at the end of the day:

Number of naps	Times you fell asleep (make a list)	Times you woke up (make a list that matches the list to the left)	Total Nap Time

Comments on the quality of your naps:

Using the **Stanford Sleepiness Scale** below, rate your alertness at each of the times listed during the day.

Time	DEGREE OF SLEEPINESS	RATING #
6 AM	Feeling active, vital, alert, or wide awake	1
8 AM	Functioning at high levels, but not at peak; able to concentrate	2
10 AM	Awake, but relaxed; responsive but not fully alert	3
Noon	Somewhat foggy; let down	4
2 PM	Foggy; losing interest in remaining awake; slowed down	5
4 PM	Sleepy, woozy, fighting sleep; prefer to lie down and/or rest	6
6 PM	No longer fighting sleep, sleep onset soon; day-dreaming	7
8 PM	Asleep	x
10 PM		
Midnight		