SLEEP DIARY

Name_____

Date started_____ Day of Week_____

Do you ever take any medication (prescribed or purchased over the counter) to aid your sleep?

Yes ☐ No ☐

If yes, please detail name of any medication, dose & times:

_____

Sleep Diary Instructions:

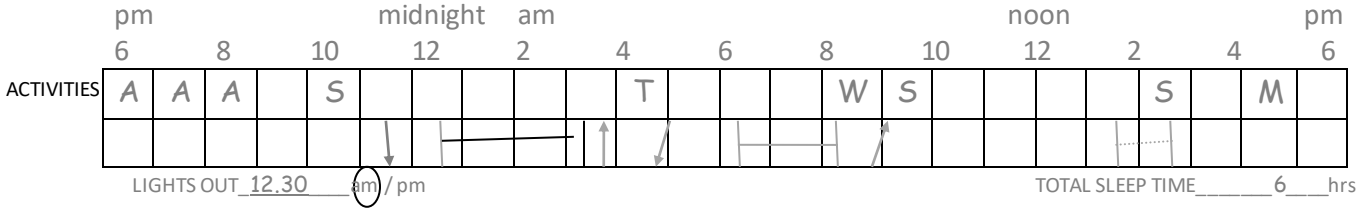
- *Please print and leave diary near your bedside and aim to fill out this chart each morning when you wake. Please describe in the notes section any events that influenced your sleep.*
- *Fill in your sleep diary in the following way:*

ACTIVITIES		
A	-	each alcoholic drink
C	-	each caffeinated drink includes coffee, tea, chocolate, cola
P	-	every time you take a sleeping pill or medication to aid sleep
M	-	meals
S	-	snacks
X	-	exercise
T	-	use of toilet during sleep-time
N	-	noise that disturbs your sleep
W	-	time of wake-up alarm (if any)

SLEEP TIME (including naps)

↓	-	mark with a "down" arrow each time you got into bed
↑	-	mark with an "up" arrow each time you got out of bed
|	-	mark with a line the time you began and the time you ended your sleep; Then shade the squares or join the line to indicate sleep periods
|	-	Shade or mark with a line the time you began and the time you ended any naps, either in a chair or in bed

Example:



Week 1

Date began: __________

pm midnight am noon pm
6 8 10 12 2 4 6 8 10 12 2 4 6

ACTIVITIES																								

LIGHTS OUT________am pm TOTAL SLEEP TIME__________hrs

pm midnight am noon pm
6 8 10 12 2 4 6 8 10 12 2 4 6

ACTIVITIES																								

LIGHTS OUT________am pm TOTAL SLEEP TIME__________hrs

pm midnight am noon pm
6 8 10 12 2 4 6 8 10 12 2 4 6

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ACTIVITIES																								

LIGHTS OUT________am pm TOTAL SLEEP TIME__________hrs

pm midnight am noon pm
6 8 10 12 2 4 6 8 10 12 2 4 6

ACTIVITIES																								

LIGHTS OUT________am pm TOTAL SLEEP TIME__________hrs

Week 2

Date began: __________

pm midnight am noon pm

6 8 10 12 2 4 6 8 10 12 2 4 6

ACTIVITIES																								

LIGHTS OUT________am pm TOTAL SLEEP TIME___________hrs

pm midnight am noon pm

6 8 10 12 2 4 6 8 10 12 2 4 6

ACTIVITIES																								

LIGHTS OUT________am pm TOTAL SLEEP TIME___________hrs

pm midnight am noon pm

6 8 10 12 2 4 6 8 10 12 2 4 6

ACTIVITIES																								

LIGHTS OUT________am pm TOTAL SLEEP TIME___________hrs

pm midnight am noon pm

6 8 10 12 2 4 6 8 10 12 2 4 6

ACTIVITIES																								

LIGHTS OUT________am pm TOTAL SLEEP TIME___________hrs

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ACTIVITIES																								

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6 8 10 12 2 4 6 8 10 12 2 4 6

ACTIVITIES																								

LIGHTS OUT________am pm TOTAL SLEEP TIME___________hrs

pm midnight am noon pm

6 8 10 12 2 4 6 8 10 12 2 4 6

ACTIVITIES																								

LIGHTS OUT________am pm TOTAL SLEEP TIME___________hrs

Notes

Day

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

SD
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SSP would like to thank the Newcastle Upon Tyne University Hospitals Sleep Service, and the Centre of Sleep and Chronobiology, University of Toronto for the original concept of the Sleep Disorder Patient Chart originated by Moldofsky/MacFarlane 1990