

Sleepwell



❖ A private practice
Sleep Disorders Service
Psychotherapy Practice
Gila Lindsley, Ph.D., FAASM

Fellow
American Academy of Sleep Medicine
Licensed Psychologist

**Good Sleep is not a luxury
It is a Basic Need**

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7 DAY SLEEPTIME DIARY

3 DAY WAKETIME DIARY

**Please bring the completed diaries to your next visit.
Please note it will take you seven days to complete the diaries, so plan your time
accordingly**

Name _____
 Date _____



Please complete the SLEEPTIME DIARY on this page for seven consecutive days. Begin as soon as possible each day after you wake up. The diary asks you to make estimates about sleep. Don't worry about being exact. We are interested in your opinion of your sleep. PLEASE use AM and PM (or 24-hour military time) when you fill in the times requested. For question 9, please compare your sleep with how you have slept on the average, during the last month or so. Compare according to the following scale, and insert the appropriate letter into the space provided.

- A. Last night I slept much better than my month average.
- B. Last night I slept slightly better than my average.
- C. Last night was a fairly typical night for me.
- D. Last night I slept slightly worse than my average.
- E. Last night was much worse than my average sleep.

Please see instructions on next page for the daytime diary, which should be completed during the same week you are completing the nighttime sleep diary.

	Today's Date							
	Day of Week							
1. When did you go to bed last night								
2. When did you begin trying to sleep								
3. How long did it take to fall asleep								
4. What time did you wake up for the day								
5. How many times did you wake up before the final awakening for the day								
6. How many minutes/hours (specify) when totalled up were you AWAKE during your sleep period								
7. How many minutes/hours of ACTUAL sleep did you get before the final awakening								
8. When did you actually get out of bed for the day								
9. How well did you sleep								
10. Did you take sleep aids last night								
11. How many ounces of caffeine did you take yesterday								
12. How many ounces of alcohol did you take yesterday								
13. Did you take other medications did you take yesterday. If yes, write the medications below the table and assign each a letter								
14. Did anything unusual happen yesterday								



This diary is to be completed for 3 consecutive days, only during the hours you are awake and during the same week you complete the sleeptime diary. Complete during days that straddle work/ school days, and days off, to allow comparison.

NOTE: Some information goes above the broken line (see example in the shaded rows).

1. **DEGREE OF ALERTNESS/SLEEPINESS.** This information goes ABOVE the broken line. Using the scale below, and beginning when you awaken for the day, insert the number corresponding to how alert/sleepy you are. Your entries should be made every hour as in the example. Hourly entries are very important.

1. Wide awake, fully alert, functioning at a high level
2. Functioning at a high level, but not at peak. Able to concentrate
3. Relaxed, awake, NOT at peak, but responsive.
4. A little foggy, clearly not at peak, perhaps slowing down.
5. Foggy, beginning to lose interest in remaining awake, definitely slowed down.
6. Sleepy, prefer to be lying down, fighting sleep, perhaps woozy.
7. Almost in a reverie, sleep onset soon, lost or losing struggle to remain awake

2. **MARKING SLEEP DURING EACH 24-HOUR PERIOD.** When you are asleep and therefore cannot answer alertness questions, indicate this with a horizontal line through those boxes. Please do this for naps as well as the primary sleep period. [In the example, hash marks denote sleep]

3. **EATING PATTERN.** Please place a circle to indicate time of each meal or snack. Mealtimes are not noted in the example, but please place relevant circles as you complete the diary.

4. **BELOW the broken line,** provide information about your temperature. Take your temperature with a non-digital oral thermometer correct to 0.1° (like 97.5°) each time you give the above-the-line rating. Again, **HOURLY** temperatures are critical. Data are not useful if temperatures recorded erratically

Please note: The noon hour is not marked below, but falls between 11 and 01

	AM Hours											PM Hours											
	01	02	03	04	05	06	07	08	09	10	11	01	02	03	04	05	06	07	08	09	10	11	12
Sat							6	5	4	3	2	2	2	2	2		3	3	5	5	6	6	7
1/2/18							96.8	96.9	97.0	98.0	98.5	98.6	98.6	98.7	98.8		98.4	98.5	98.6	98.6	98.5	98.3	98.1