1960 FP CENTER FOR SLEEP DISORDERS

phone: (281) 453-7139 | fax: (281) 453-7122

SLEEP DIARY

Fill out Sleep Diary ONLY in the morning/daytime after waking up and out of bed. You should simply ESTIMATE time taken to fall asleep, # awakenings, etc. Add any additional comments in the appropriate space on the back. DO NOT look at the clock at night in order to complete this form

DAY	DATE	BEDTIME	*SOL	AWAKENINGS		FINAL WAKETIME		TIME SPENT ASLEEP	THIS MORNING I FELT: (good, better, worse)	OVERALL MY SLEEP LAST NIGHT WAS: (good, better, worse)
				#	Duration	Awake	Out of Bed			
EXAMPLE Monday	10-20-03	10:00 PM	20 mins.	3	2-5 mins.	6:00 AM	6:15 AM	7 hours		

*SOL = Sleep Onset Latency (time taken to fall asleep)

Additional Comments: