DATE DAY DATE_ DAY 4 DAY DATE DAY. DAY 3 DAY 2 DATE DAY_ DAY 1 1-4 below and Fill out days on page 2 days 5-7 night at: bed last I went to PM/AM PM/AM PM/AM PM/AM morning at: got out of PM/AM PM/AM PM/AM PM/AM OMPLETE fell asleep in: Last night, Minutes _Minutes _Minutes _Minutes night: during the l woke up of times) (Record number National Sleep Foundation Sleep Diary _Times IN MORNING _Times Times Times □ Fatigued □ Somewhat □ Somewhat □ Refreshed □ Fatigued □ Fatigued □ Refreshed Somewhat □ Refreshed □ Fatigued □ Somewhat up for the When I woke | Last night □ Refreshed (Check one) day, I felt: refreshed refreshed refreshed refreshed of hours) total of: i siept a (Record number Hours Hours Hours Hours stress, snoring, physical discomfort, temperature) or environmental (List any mental, emotional, physical disturbed by: My sleep was your sleep; e.g. factors that affected □ Within several □ Within several □ Not U Not □ Afternoon □ Morning ☐ Within several □ Afternoon ☐ Morning ON OC ☐ Within several ☐ Within several ☐ Afternoon □ Morning O Not □ Within several □ Within several □ Afternoon □ Morning (e.g. coffee, tea, cola) consumed caffeinated drinks in the: applicable applicable applicable going to bed going to bed applicable going to bed going to bed hours before hours before hours before hours before COMPLETE AT END OF DAY ☐ Afternoon ☐ Morning ☐ Afternoon □ Not □ Morning Within several □ Afternoon □ Morning □ Not ☐ Afternoon ☐ Morning □ Not in the: minutes at least 20 l exercised applicable going to bed applicable hours before going to bed applicable going to bed applicable hours before hours before going to bed hours before □ Not □ A heavy □ A heavy □ Alcohol □ A heavy □ Not □ Alcohol □ Not □ Alcohol □ Not □ A heavy □ Alcohol before going y 2-3 hours Approximatel consumed: to bed, I meal applicable meal meal applicable applicable meal applicable medication/drug(s)] the day: I took during Medication(s) List name of About 1 hour the following read) activity: to sleep, I did before going watch TV, work, (List activity; e.g.

DAY 7 DAYPN DATEPN	DAY 6 DAYPN	DAY 5	Fill out days bed last 5-7 below night at:
PM/AMPM/AM	PM/AM PM/AM	PM/AMPM/AM	l got out of bed this morning at:
Minutes	Minutes	Minutes	COMPLE CLast night, I fell asleep in:
Times	Times	Times	National Sleep Foundation TE IN MORNING I-woke up When I during the woke up for total of: (Record number of times) (Check one) My sl distu (Check one) (Check one)
☐ Refreshed☐ Somewhat refreshed☐ Fatigued☐	□ Refreshed □ Somewhat refreshed □ Fatigued	□ Refreshed □ Somewhat refreshed □ Fatigued	IONAL SICEP FOR IN MORNING When I woke up for the day, I felt: (Check one)
Hours	Hours	Hours	Last night I slept a total of: (Record number of hours)
			85 85 95 R
□ Morning □ Afternoon □ Within several hours before going to bed □ Not applicable	□ Morning □ Afternoon □ Within several hours before going to bed □ Not applicable	□ Morning □ Afternoon □ Within several hours before going to bed □ Not applicable	Sieep Diary consumed caffeinated drinks in the: specificate (e.g. coffee, tea, specificate); e.g. stress (colo) liescombort, lies
□ Morning □ Afternoon □ Within several hours before going to bed □ Not applicable	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not ☐ Not	☐ Morning ☐ Afternoon ☐ Within several hours before going to bed ☐ Not applicable	GOMPUETE ed exercised / ed at least 20 y in the:
☐ Alcohol☐ A heavy meal☐ Not☐ applicable☐	□ Alcohol □ A heavy meal □ Not applicable	□ Alcohol □ A heavy meal □ Not applicable	ATEN Approximatel 2-3 hours efore going o bed, I onsumed:
			OF D
			DAY (5) About 1 hour ng before going to sleep, I did the following activity: (List activity: equith TV work, read)