7-Day Sleep Diary

Name: _____

HYPERSOMNOLENCE AUSTRALIA

Complete each day. Enter times as am/pm or 24hr. Record medication names and doses.

Sleepiness: 1 = struggled to stay awake; 2 = somewhat tired; 3 = fairly alert; 4 = alert. Alertness on waking: 1 = alert/functioning; 2= alert but a little tired; 3 = sleepy/not functioning

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date							
Medication taken during the day. Name & dose							
Number of caffeinated drinks & time(s)							
Number of alcoholic drinks & time(s)							
Naps - time & length							
Exercise - time & length							
Food eaten & times	AM:	AM:	AM:	AM:	AM:	AM:	AM:
	PM:	PM:	PM:	PM:	PM:	PM:	PM:
How sleepy did I feel during the day? (1-4)	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.
Time I went to bed							
Time I got out of bed							
Total time spent in bed							
Number of awakenings/ total time awake	/	/	/	/	/	/	/
Time taken to fall asleep	mins.	mins.	mins.	mins.	mins.	mins.	mins.
Medication taken last night. Name & dose							
How alert did I feel when I got up? (1-3)	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

It is recommended that you keep a sleep diary for at least 2 weeks to provide a more accurate picture of your sleep patterns. Print a second copy of this diary to record an additional seven days.