

ONE WEEK SLEEP DIARY

- 1. Answer the question in the shaded areas.
- 2. Draw a line through the times you were asleep.
- 3. Put downward-pointing arrows(↓) at the times you went to bed and upward-pointing arrows (↑) at the times you got up.

Patient Name : _____

Date : _____

I took a sleeping pill yes or no 1-Nov	(Each tick mark represents 1 hour)														I took a nap (if yes, indicate time of nap & length. If no, leave blanks.) TIME/LENGTH									
	9pm	10pm	11pm	12am	1am	2am	3am	4am	5am	6am	7am	8am	9am	10am		11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	

Instructions: Make sure you use the diary for one week prior to your visit. Every day must be completed as indicated. Bring the completed diary with you on the day of your visit. If you have any questions please call us at (908) 561-3939.