



Begin Sleep Diary\* \_\_\_\_\_

**\*Please bring sleep diary with you the night of your study and hand to your technician.**

COMPLETE THIS SECTION AFTER GETTING OUT OF BED								COMPLETE AT END OF NEXT DAY		
Day & Date	Unusual stressors, time of alcohol & Sleep medications	Time you went to bed	Time it took you to fall asleep	# of awakenings	*Amount of time awake	Time you got up for the day	Total sleep time	Sleepiness Rating (see below)	Fatigue Rating (see below)	Napping: time of day & sleep amount
Sunday 5/20/00	argument at dinner, 2 beers 6-8pm, Ambien 10 mg at 9:30 pm	10pm	30min	3	30min	6am	7 hr	75	45	3pm 1 hr

\*Amount of time awake: this is all the time you spent awake during the night, from the first time you awakened to the time you got out of bed. It does not include the time it took you to fall asleep initially.

**SLEEPINESS AND FATIGUE RATING SCALE: (AVERAGE RATING FOR THE WHOLE DAY FOLLOWING A GIVEN SLEEP EPISODE)**  
Please rate from 0 to 100 using the guide below:  
SLEEPINESS: 0 (Extremely sleepy)-----25(Sleepy)-----50(Neither)-----75(Alert)-----100(Very alert)  
FATIGUE: 0 (Extremely fatigued)-----25(Fatigued)-----50(Neither)-----75(Energetic)-----100(Very energetic)