Patient Name:		]	D.O.B.:	
	Begin filling this out each r	morning and finish at the end of each day.		
Day of the Week:				
Date:				
Work Day/Day Off/Vacation?				
I went to bed last night at				
Check all those that apply:	□ I watched TV in bed. □ I used the computer pri to bed. □ I read in bed. □ I took a sleep aid.	□ I watched TV in bed. □ I used the computer prior to bed. □ I read in bed. □ I took a sleep aid.	☐ I watched TV in bed. ☐ I used the computer prior to bed. ☐ I read in bed. ☐ I took a sleep aid.	
Number of caffeinated beverages I drank yesterday:				
Number of alcoholic beverages I drank yesterday:				
It took me this long to fall asleep after turning the lights out:				
I woke up this many times after falling asleep:				
I woke up for these reasons (check all that apply):	□ Bathroom         □ Pho           □ Heartburn         □ Slee           □ Hunger         Partne           □ Nasal         □ Thir           Congestion         □ Unk           □ Pain         □ Wo           □ Pet         □ Oth	ep	□ Bathroom □ Heartburn □ Hunger □ Nasal □ Congestion □ Pain □ Pet □ Other:	
I awoke for the day at:			,	
I got out of bed at:				
I used the snooze alarm times.				
When I awoke I felt refreshed.	□ Yes □ !	No  Yes  No	☐ Yes ☐ No	
I was sleepy today.	☐ Yes ☐ I	No	☐ Yes ☐ No	
Today, I napped fromtoto (Time & Duration)				
My nap was refreshing.	□ Yes □ !	No Yes No	☐ Yes ☐ No	
Other factors that could have affected my sleep last night & my state of alertness today:				
Physician Review:			Date:	

Patient Name:			D.O.B.:	
	Begin filling this out each n	norning and finish at the end of each day		
Day of the Week:				
Date:				
Work Day/Day Off/Vacation?				
I went to bed last night at				
Check all those that apply:	☐ I watched TV in bed. ☐ I used the computer price to bed. ☐ I read in bed. ☐ I took a sleep aid.	I watched TV in bed. I used the computer prior to bed. I read in bed. I took a sleep aid.	<ul> <li>□ I watched TV in bed.</li> <li>□ I used the computer prior to bed.</li> <li>□ I read in bed.</li> <li>□ I took a sleep aid.</li> </ul>	
Number of caffeinated beverages I drank yesterday:				
Number of alcoholic beverages I drank yesterday:				
It took me this long to fall asleep after turning the lights out:				
I woke up this many times after falling asleep:				
I woke up for these reasons (check all that apply):	Bathroom Phor Slee Heartburn Slee Hunger Partne Nasal Thirs Congestion Worl Pain Worl	p	□ Bathroom □ Heartburn □ Hunger □ Nasal □ Congestion □ Pain □ Pet □ Other:	
I awoke for the day at:	,			
I got out of bed at:				
I used the snooze alarm times.				
When I awoke I felt refreshed.	☐ Yes ☐ N	lo 🗆 Yes 🗅 No	☐ Yes ☐ No	
I was sleepy today.	☐ Yes ☐ N	lo 🗆 Yes 🗀 No	☐ Yes ☐ No	
Today, I napped fromto (Time & Duration)				
My nap was refreshing.	☐ Yes ☐ N	lo 🗆 Yes 🗅 No	☐ Yes ☐ No	
Other factors that could have affected my sleep last night & my state of alertness today:				
Physician Review:		Date:	Time:	

Patient Name:			D.O.B.:	
	Begin filling this out each n	norning and finish at the end of each day		
Day of the Week:				
Date:				
Work Day/Day Off/Vacation?				
I went to bed last night at				
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It took me this long to fall asleep after turning the lights out:				
I woke up this many times after falling asleep:				
I woke up for these reasons (check all that apply):	Bathroom Phor Slee Heartburn Slee Hunger Partne Nasal Thirs Congestion Worl Pain Worl	p	□ Bathroom □ Heartburn □ Hunger □ Nasal □ Congestion □ Pain □ Pet □ Other:	
I awoke for the day at:	,			
I got out of bed at:				
I used the snooze alarm times.				
When I awoke I felt refreshed.	☐ Yes ☐ N	lo 🗆 Yes 🗅 No	☐ Yes ☐ No	
I was sleepy today.	☐ Yes ☐ N	lo 🗆 Yes 🗀 No	☐ Yes ☐ No	
Today, I napped fromto (Time & Duration)				
My nap was refreshing.	☐ Yes ☐ N	lo 🗆 Yes 🗅 No	☐ Yes ☐ No	
Other factors that could have affected my sleep last night & my state of alertness today:				
Physician Review:		Date:	Time:	

Patient Name:			D.C	).B.:	
	Begin filling this out each	n morning and finish at the	end of each day.		
Day of the Week:					
Date:					
Work Day/Day Off/Vacation?					
I went to bed last night at					
Check all those that apply:	<ul> <li>□ I watched TV in bed.</li> <li>□ I used the computer p to bed.</li> <li>□ I read in bed.</li> <li>□ I took a sleep aid.</li> </ul>	orior U watched T used the country to bed. U I read in bed U I took a slee	omputer prior	<ul> <li>□ I watched TV in bed.</li> <li>□ I used the computer prior to bed.</li> <li>□ I read in bed.</li> <li>□ I took a sleep aid.</li> </ul>	
Number of caffeinated beverages I drank yesterday:					
Number of alcoholic beverages I drank yesterday:					
It took me this long to fall asleep after turning the lights out:					
I woke up this many times after falling asleep:					
I woke up for these reasons (check all that apply):	☐ Heartburn ☐ SI☐ Hunger Part☐ Nasal ☐ Th☐ Congestion ☐ Ur☐ Pain ☐ W	hone	☐ Unknown ☐ Worry ☐	☐ Heartburn ☐ Sleep ☐ Hunger Partner ☐ Nasal ☐ Thirst Congestion ☐ Unknown	
I awoke for the day at:				,	
I got out of bed at:					
I used the snooze alarm times.					
When I awoke I felt refreshed.	□ Yes □	No  Yes	□ No □	⊒ Yes □ No	
I was sleepy today.	□ Yes □	No 🖵 Yes	□ No □	☐ Yes ☐ No	
Today, I napped fromto (Time & Duration)					
My nap was refreshing.	□ Yes □	No 🗅 Yes	□ No □	☐ Yes ☐ No	
Other factors that could have affected my sleep last night & my state of alertness today:					
Physician Review:			Date:	Time:	