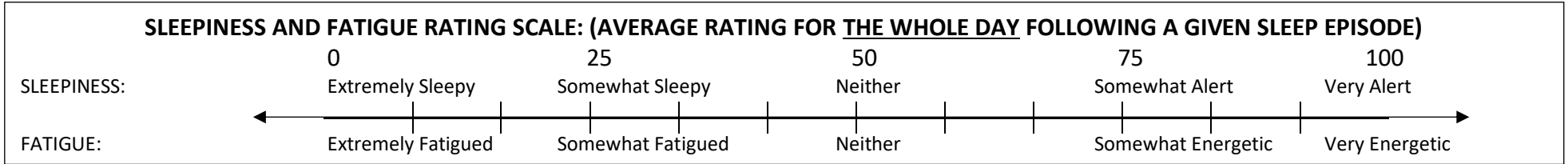


SLEEP DIARY
Sleepiness and Fatigue Rating Scale



WEEK ONE Complete After Getting Out of Bed									NEXT DAY	
Day & Date	Naps: time & sleep time	Unusual stressors, alcohol, & medications for sleep	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	Fatigue Rating
Example Sunday 5/20/18	3pm 1hr	Argument at dinner, 2 beers from 6-8pm, Ambien 10mg at	10pm	30min	3	30min	6am	7hrs	75	45

*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.

Signature: _____
Date: _____

