

SLEEP - WAKE DISORDERS CENTER

Montefiore Medical Center

1. Write in today's day and date.

3. With a plain line, mark the time you think you fell asleep last night.

5. With another plain line, mark the time you woke up this morning.

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began and ended.

8. Answer all 8 questions.

1. How long did it take you to fall asleep last night? (Mark minutes or hours.)
2. Did you take any sleeping pills or alcohol at bedtime? (Mark "yes" or "no.")
3. How many times did you wake up? (0, 1, 2, etc.)
4. How much sleep did you get last night? (Mark minutes or hours.)
5. By what time did you HAVE to be up this morning? (If none, leave blank.)
6. How did you awaken? (Mark "M" for "myself," "A" for "alarm," or "D" for "disturbance.")
7. How did you feel immediately after getting up? (Mark number from the scale on back.)
8. Were you alert all day yesterday? (Mark "yes" or "no.")

45M	YES	1	5hs.	BAM	D	2	NO

	Σ	π	Σ
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

INSTRUCTIONS:

- 1. Please complete this side during the time that you are keeping the diary on the opposite side.
- 2. Select two typical CONSECUTIVE working days.
- 3. Write in the days and dates you selected at the top of each chart.
- 4. Throughout your waking hours on these days RATE yourself every two hours according to the scale at the left of the chart.
- 5. CIRCLE the number indicating your level of alertness or sleepiness for each two-hour time period.
- 6. CIRCLE "X" for those times when you were asleep.

DAY ONE

DAY TWO

Day

Date

Day

Date

MID-NIGHT	2 AM	4 AM	6 AM	8 AM	10 AM	NOON	2 PM	4 PM	6 PM	8 PM	10 PM	MID-NIGHT	2 AM	4 AM	6 AM	8 AM	10 AM	NOON	2 PM	4 PM	6 PM	8 PM	10 PM	MID-NIGHT
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X