Sleep Diary

Patient Information

Name:	
Age:	
Sex:	
Contact details (email address and phone number):	
Current Medication	
Existing Health Conditions	

Sleep Diary

Section	Instructions	Patient Input
Date	*Enter the current date*	
Bedtime Last Night	*Record the time you went to bed*	
Sleep Onset Latency (SOL)	*Estimate how long it took you to fall asleep*	
Number of Awakenings	*Note down how many times you woke up during the night*	
Wake Time	*Record the time you woke up for the day*	
Total Sleep Time (TST)	*Calculate the total time spent asleep, excluding awake times*	
Sleep Quality	*Rate your sleep quality on a scale of 1-5*	
Daytime Functioning	*Rate your level of alertness/functioning on a scale of 1-5*	
Napping	*Document if you took a nap, and for how long*	

Additional Observations

Section	Instructions	Patient Input
Observations	Note any dreams, restlessness, snoring, anxiety, etc.	
Overall Interpretation	(Filled by Healthcare Provider)	

Note: In the 'Patient Input' column, the patient should provide their specific responses to each category under 'Instructions.' 'Overall Interpretation' is typically completed by the healthcare provider after reviewing the collected data.