

# Sleep Diary

**Purpose :** One week long sleep diary

**Admin time :** 7 days

**User Friendly :** High

**Administered by :** self and GP

**Content :** 10 items for self reporting and 5 items for GP completion

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<https://www.cgakit.com/sleep-diary>

# Sleep Diary

Name : \_\_\_\_\_

d.o.b. : \_\_\_\_\_

Date completed : from \_\_\_\_\_ to \_\_\_\_\_

Complete in the <b>EVENING</b> : today's ...			Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
1.	Daytime napping	in minutes							
2.	Total number of	caffeinated drinks							
		Alcohol (units)							
		cigarettes							
3.	Time last used	caffeinated drink							
		alcohol							
		cigarettes							
4.	Excercise	in minutes							
5.	Mood	normal							
		good							
		poor							

Complete in the <b>MORNING</b> : last <b>night's</b> ...			Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
6.	Time of going to bed	e.g. 22h30							
7.	Time of getting up in the morning	e.g. 07h30							
8.	Total time asleep	in minutes							
9.	Total time awake	in minutes							
10.	Disturbed by	room temp.							
		noise							
		light							
		need for toilet							
		Other (specify)							

Comment(s) :

## For doctor's use :

Name : \_\_\_\_\_

d.o.b. : \_\_\_\_\_

Date completed : from \_\_\_\_\_ to \_\_\_\_\_

			Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
1.	Total time in bed	3 + 4							
2.	Sleep efficiency (%)	$\frac{\text{time asleep} \times 100}{\text{time in bed}}$ 1							
3.	Sleep disorder	Insomnia <input type="checkbox"/>	Sleep Disordered Breathing <input type="checkbox"/>						
		Restless Leg Syndrome <input type="checkbox"/>	Periodic Limb Movement <input type="checkbox"/>						
		REM Sleep Behaviour Disorder <input type="checkbox"/>							
4.	Co-morbidities								
5.	Medications								

Notes :