

# TEXAS SLEEP MEDICINE – SLEEP DIARY

Day of the Week							
Date							
What time did you turn your lights out, actually trying to sleep?  Did you take a sleeping medication? If so...what medication and dosage?							
How many minutes did it take you to fall asleep last night?							
What time did you wake up?							
How often did you awaken last night?							
How many hours did you sleep last night?							
Did you take naps yesterday? If yes, give total length of sleep in minutes.							
Compared with your own average over the last month, how well did you sleep last night? Choose from the list <b>A</b> below.							
On a more absolute scale, how well did you sleep last night? Choose one from list <b>B</b> below.							
Overall, how refreshing and restorative was your sleep? Choose from list <b>C</b> below.							

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### A

1. Much worse than my average.
2. Slightly worse than my average.
3. Fairly typical for me.
4. Slightly better than my average.
5. Much better than my average.

### B

1. Extremely poor sleep – about the worst I can imagine.
2. Poor sleep – I barely rested.
3. Fair sleep, some decent stretches, still less than satisfactory.
4. Good sleep, sound and restful, but with minor disturbances.
5. Excellent sleep, solid and completely restful.

### C

1. Not at all restorative, no benefit.
2. Some slight restorative value.
3. Restorative, but no adequate.
4. Relatively satisfactory.
5. Very satisfactory. I feel rested.