



## Sleep Diary

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The sleep diary is an important part of the investigation Dr Allen has requested to determine the nature of your sleep disorder. It is therefore necessary for you to complete this diary as well as you are able.

To assist you in filling out the diary, an example page has been attached which you should study carefully. If after reading the following instructions and studying the example page you feel you will have trouble completing the diary, please contact Dr Allen's rooms on the telephone number above.

Each page of the diary is designed to record one week of your sleep and waking activities. You will normally have been supplied with 2 pages to record your sleep pattern for 2 weeks. A time slot is provided for each hour of the day and night. Each day has 2 columns, with the small left column to record whether you are awake, sleep or "dosing". The larger right hand column is provided to record what activity you are undertaking at the time by writing in a letter from the "key" selection at the bottom of the page. The key has additional spaces for you to include your own activities or hobbies.

In addition to the keyed section we ask you to give your sleep a rating from 0-5 each night, where 0 is no sleep at all and 5 is "slept like a log". It is helpful if you can tally up the number of time you woke up in the night and the number of hours you felt you slept, then write this in the box below the sleep quality score. The assistance of a sleeping partner can be valuable in these areas. If you have further information which you feel may be relevant to your sleep pattern, please include this in the daily comment box. The sort of information you may want to include could be things like "I woke up choking", "I was told I snored all night, I woke with a headache" or "The kids kept me awake!".

Remember, the diary is a useful guide yet you should not be overly concerned if you are unsure of all the details. You should return the completed diary by mail or bring it with you when you see Dr Allen.

## Sleep Diary

Name: *John Smith* Consultant: Dr *Who* Start Date: *01.01.1999*

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6 pm	Tv	Alc					
7 pm	/// Tv	M					
8 pm	M	Alc					
9 pm	Alc	/// Tv					
10 pm	■	■ S loud					
11 pm	■ S soft	■					
12 mn		■ S mod.					
1 am	■	■					
2 am	■ S loud	■					
3 am		■ S loud					
4 am	■ S loud						
5 am	///	■					
6 am	///	G					
7 am	M	G					
8 am	A	M					
9 am	W	/// W					
10 am	W	W					
11 am	W	W					
12 noon	M	M					
1 pm	W	■ W					
2 pm	/// W	W					
3 pm	W	W					
4 pm	W	W					
5 pm	A	Alc					
Overall rating of sleep (0 - 5)	3	2					
No of times awake	2	1					
Total time asleep (hrs)	7.5	8					
Additional comments	<i>Restless night.</i>	<i>Wife complained of snoring</i>					

Example Only

**Key:**

- |                                |  |  |  |
|--------------------------------|--|--|--|
| Sleeping                       | <input type="checkbox" value="M"/> Meal time     | <input type="checkbox" value="R"/> Relaxing    | <input type="checkbox" value="S"/> Snoring (ask your partner) Loud, Moderate or Soft |
| Dozing                         | <input type="checkbox" value="W"/> Employed Work | <input type="checkbox" value="Tv"/> Television | <input type="checkbox" value="G"/> <i>Playing Golf</i>                               |
| <input type="checkbox"/> Awake | <input type="checkbox" value="A"/> Active        | <input type="checkbox" value="Alc"/> Alcohol   | <input type="checkbox"/>   |

# Sleep Diary

Date – From ..... to .....

Name: ..... DOB:...../...../.....

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							
12am							
1am							
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12 noon							
1pm							
2pm							
3pm							
4pm							
5pm							
Overall rating of sleep (0-5)							
No. of times awake							
Total time asleep (hrs)							
Additional comments							

**Key:**

Sleeping	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">M</div> Meal time	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">R</div> Relaxing	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">S</div> Snoring (ask your partner) Loud, Moderate or Soft
Dozing	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">W</div> Employed Work	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">Tv</div> Television	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">G</div> <i>Playing Golf</i>
<div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> Awake	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">A</div> Active	<div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">Alc</div> Alcohol	<div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> .....

# Sleep Diary

Date – From ..... to .....

Name: ..... DOB:...../...../.....

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							
12am							
1am							
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12 noon							
1pm							
2pm							
3pm							
4pm							
5pm							
Overall rating of sleep (0-5)							
No. of times awake							
Total time asleep (hrs)							
Additional comments							

**Key:**

Sleeping	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="M"/> Meal time	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="R"/> Relaxing	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="S"/> Snoring (ask your partner) Loud, Moderate or Soft
Dozing	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="W"/> Employed Work	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="Tv"/> Television	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="G"/> <i>Playing Golf</i>
<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value=""/> Awake	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="A"/> Active	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="Alc"/> Alcohol	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value=""/> .....