



www.lungandsleepcenter.com

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Date range \_\_\_\_\_

**Sleep Diary Week 1**

Name \_\_\_\_\_

Were you sleepy today?							
Did you nap today?							
Amt of caffeine consumed?							
Amt of Alcohol consumed?							
Any smoking or nicotine?							
Any OTC or herbal meds taken?							
What time did you get into bed?							
How long did it take to fall asleep?							
Did you wake up in the night, specify?							
If you woke up, did you get out of bed?							
If you woke up, did you have any snacks?							
What time did you wake up this morning?							
How many hours did you sleep?							
How did you feel this morning?							
Did you have a dry mouth?							
Did you have any bad dreams or nightmares?							



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Sleep Diary Week 2

Name \_\_\_\_\_

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Were you sleepy today?							
Did you nap today?							
Amt of caffeine consumed?							
Amt of Alcohol consumed?							
Any smoking or nicotine?							
Any OTC or herbal meds taken?							
What time did you get into bed?							
How long did it take to fall asleep?							
Did you wake up in the night, specify?							
If you woke up, did you get out of bed?							
If you woke up, did you have any snacks?							
What time did you wake up this morning?							
How many hours did you sleep?							
How did you feel this morning?							
Did you have a dry mouth?							
Did you have any bad dreams or nightmares?							