



[www.lungandsleepcenter.com](http://www.lungandsleepcenter.com)

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## SLEEP DIARY

Your answers to the daily questions contained on these pages are extremely important, and are used by the Doctor to help determine what type of sleep problem you might have. Please bring these pages with you and give them to the technician when you arrive at the facility.

### INSTRUCTIONS:

- Please keep this booklet by your bed. We have found that the logs are much more accurate when easily accessible at bedtime and upon awakening
- Please print or write legibly
- Please do not skip any days. It is often difficult to remember how well you slept or how you may have felt after several days have passed
- Please be as accurate and complete as you can when recording your answers and mark any answers about time of day with a.m. or p.m. Traditionally, midnight is considered 12a.m., while noon is considered 12 p.m.
- Please answer questions 1 through 6 at bedtime, and questions 7 through 16 when you wake up in the morning
- When answering question 4, it is not necessary to list prescribed medications that you take every day. These are already listed on the medication form. Answering question 6 is optional



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

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?							