Sleep Laboratory

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7-DAY SLEEP JOURNAL

PATIENT NAME: _____ DOB: _____

ANSWER IN THE MORNING AFTER WAKING FOR THE DAY:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
At what time did you first go to bed last night?							
Approximately how long did it take you to fall asleep?							
Approximately how many times, if any, did you awaken during the night?							
Overall, about how many hours did you sleep?							
At what time did you wake up (for the last time) this morning?							
In general, how did you feel when you woke up?	☐Very refreshed ☐Somewhat refreshed ☐Fatigued	☐Very refreshed ☐Somewhat refreshed ☐Fatigued	☐Very refreshed ☐Somewhat refreshed ☐Fatigued	☐Very refreshed ☐Somewhat refreshed ☐Fatigued	☐Very refreshed ☐Somewhat refreshed ☐Fatigued	☐Very refreshed ☐Somewhat refreshed ☐Fatigued	☐Very refreshed ☐Somewhat refreshed ☐Fatigued

ANSWER AT BEDTIME JUST BEFORE YOU GO TO SLEEP:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
How much time, if any did you spend napping during the day?							
Did you consume any of these substances during the day?	☐**Caffeine** (within 6 hours of bedtime) ☐**Alcohol** (within 1 hour of bedtime)	☐**Caffeine** (within 6 hours of bedtime) ☐**Alcohol** (within 1 hour of bedtime)	☐**Caffeine** (within 6 hours of bedtime) ☐**Alcohol** (within 1 hour of bedtime)	☐**Caffeine** (within 6 hours of bedtime) ☐**Alcohol** (within 1 hour of bedtime)	☐**Caffeine** (within 6 hours of bedtime) ☐**Alcohol** (within 1 hour of bedtime)	☐**Caffeine** (within 6 hours of bedtime) ☐**Alcohol** (within 1 hour of bedtime)	☐**Caffeine** (within 6 hours of bedtime) ☐**Alcohol** (within 1 hour of bedtime)
On a scale of 1 to 5, how would you rate your overall functioning during the day?	☐5 Energetic ☐4 ☐3 ☐2 ☐1 Lethargic	☐5 Energetic ☐4 ☐3 ☐2 ☐1 Lethargic	☐5 Energetic ☐4 ☐3 ☐2 ☐1 Lethargic	☐5 Energetic ☐4 ☐3 ☐2 ☐1 Lethargic	☐5 Energetic ☐4 ☐3 ☐2 ☐1 Lethargic	☐5 Energetic ☐4 ☐3 ☐2 ☐1 Lethargic	☐5 Energetic ☐4 ☐3 ☐2 ☐1 Lethargic