

ID: _____

FROM: ___/___/___

TO: ___/___/___

University of Michigan Daily Sleep/Wake Diary

This booklet has diaries for recording your daily sleep pattern. We would like you to complete your diaries daily. Completing the diaries should take you no more than 10 minutes each day. Please follow these instructions for completing the diaries:

- Each night before getting into bed, complete the page on the left side. Enter the day and date. Fill in the information across the row for that “day”. The first row provides an example. **If you are not wearing an actiwatch, the sixth column does not apply to you.** The “medications” column refers to medications specifically *for sleep*.
- Use this scale to rate your sleepiness at bedtime:

The Stanford Sleepiness Scale (SSS)	
Degree of Sleepiness	Scale Rating
Feeling active, vital, alert, or wide awake	1
Functioning at high levels, but not at peak; able to concentrate	2
Awake, but relaxed; responsive but not fully alert	3
Somewhat foggy, let down	4
Foggy; losing interest in remaining awake; slowed down	5
Sleepy, woozy, fighting sleep; prefer to lie down	6
No longer fighting sleep, sleep onset soon; having dream-like thoughts	7


- When you get out of bed in the morning, complete the page on the right side. Fill in the information across the row for that “night”.

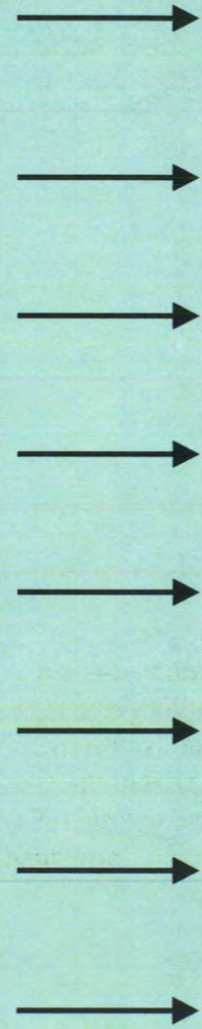
Keep in mind:

1. Only fill out the diaries before bed and after you get out of bed in the morning.
2. You should estimate the time it takes you to fall asleep and how long you were awake during the night. Do NOT use the clock to make your estimates.
3. If you have any questions while you are completing the diary, please call us at 734-764-1234 or 734-764-2256.

Thank you!

Complete at Night

 Day and Date	Tobacco used (e.g. number of cigarettes, chews)	Number of Alcoholic Drinks 1 standard drink = 12 oz. beer, 1.5 oz. liquor, 5 oz. wine	Caffeine consumed	Naps: start and end times	If you have an Actiwatch , did you remove it? When? Why? For how long?	Any Medications used for sleep (Name and Dosage)	Sleepiness Rating at Bedtime (use scale on instruction page)
Sunday EXAMPLE 7/12	8	1	2 coffees 2 ounces chocolate	10:00 AM - 12:00 PM 2:30 PM - 5:00 PM	Yes 7:00 AM Shower 15 minutes	Trazodone 50 mg Ambien 10 mg	7



Complete at Night



Day and Date	Tobacco used (e.g. number of cigarettes, chews)	Number of Alcoholic Drinks 1 standard drink = 12 oz. beer, 1.5 oz. liquor, 5 oz. wine	Caffeine consumed	Naps: start and end times	If you have an Actiwatch, Did you remove the it? When? Why? For how long?	Any Medications used for sleep (Name and Dosage)	Sleepiness Rating at Bedtime (use scale on instruction page)



Complete in Morning in reference to last night



Last Night, I went to bed at:

After lights out, I fell asleep in:

The number of times I woke up during the night was:

Once I fell asleep, I was awake for a total of:

The time of my final awakening was:

This morning, I got out of bed at:

Last night, the quality of my sleep was:
 1 = very poor
 2 = poor
 3 = fair
 4 = good
 5 = very good

This morning, I feel:
 1 = very tired
 2 = tired
 3 = somewhat rested
 4 = rested
 5 = very rested



am / pm



am / pm



am / pm



am / pm



am / pm



am / pm



am / pm

am / pm

am / pm

am / pm

am / pm

am / pm

am / pm

am / pm

am / pm

am / pm

am / pm

am / pm

am / pm

am / pm

am / pm