

SLEEP LOG

Sleep Quality Rating Scale: 0 1 2 3 4 5 6 7 8 9 10
extremely poor sleep quality (shallow, unrefreshing) *excellent sleep quality (deep, refreshing)*

Fatigue Severity Scale: 0 1 2 3 4 5 6 7 8 9 10
no fatigue *incapacitating fatigue*

Complete the left-hand side of the diary prior to going to bed.

Complete the rest of the diary immediately upon waking the next day.

DATE	MEDICATION(S) TAKEN AT BED TIME (MED NAME, DOSE & TIME)	NAPS (TIME & DURATION)	FATIGUE RATING (0 - 10) FOR THE DAY	BEDTIME (<u>GOT INTO BED</u>)	LIGHTS OUT (<u>TRIED TO GO TO SLEEP</u>)	MINS IT TOOK YOU TO FALL ASLEEP INITIALLY	# OF AWAKENINGS	MINS AWAKE IN MIDDLE OF THE NIGHT/EARLY MORNING*	WAKE-UP TIME (TIME OF <u>FINAL</u> WAKING)	TIME YOU <u>WANTED</u> TO WAKE UP	TIME YOU PHYSICALLY GOT OUT OF BED	SLEEP QUALITY RATING (0 - 10)
ex	Ambien 5mg - 9pm	6pm - 30min	6	9:15pm	10:30pm	60	3	45	5:00am	5:00am	5:05am	2

*Amount of time awake in the middle of the night/early morning: this is the total time you spent awake between when you first fell asleep and when you woke up for the last time. It does not include the time it took you to fall asleep initially. Add up the amount of time you were awake for each of your awakenings.