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SLEEP DIARY

Patient Name: _____
 (Please Print)

Date Started: _____

DAY/DATE:	SUN	MON	TUES	WED	THUR	FRI	SAT
Time that you woke up							
Time that you got out of bed							
Did you wake up <u>Refreshed</u> or <u>Tired</u> ?	R or T	R or T	R or T	R or T	R or T	R or T	R or T
Note number of naps taken throughout day							
Duration of longest nap (in minutes)							
Time that you went to bed							
Approximate time that you fell asleep							
Number of times that you woke up during night							
Note any information affecting sleep for the day							

DAY/DATE:	SUN	MON	TUES	WED	THUR	FRI	SAT
Time that you woke up							
Time that you got out of bed							
Did you wake up <u>Refreshed</u> or <u>Tired</u> ?	R or T	R or T	R or T	R or T	R or T	R or T	R or T
Note number of naps taken throughout day							
Duration of longest nap (in minutes)							
Time that you went to bed							
Approximate time that you fell asleep							
Number of times that you woke up during night							
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DAY/DATE:	SUN	MON	TUES	WED	THUR	FRI	SAT
Time that you woke up							
Time that you got out of bed							
Did you wake up <u>Refreshed</u> or <u>Tired</u> ?	R or T	R or T	R or T	R or T	R or T	R or T	R or T
Note number of naps taken throughout day							
Duration of longest nap (in minutes)							
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Comments: _____

