

## Sleep Diary

Name: \_\_\_\_\_ Week of: \_\_\_\_\_

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1. Did you take a nap? a) For how long b) At what time	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ mins.
2) Did you have any caffeine* after 6pm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Did you have any alcohol after 6pm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Did you use nicotine after 6pm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Did you exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Did you eat a heavy meal or snack after 6pm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Did you take any sleeping Medication? a) What medication? b) Amount? c) At what time?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____
8) Were you sleepy during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NIGHT</b>							
1) At what time did you turn off your lights to go to sleep?							
2) At what time did you wake up?							
3) How many total hours did you sleep?							
4) How many times did you wake up or get up during the night?							
5) Rate the quality of your sleep 1 -5: 1 = poor 5 = excellent							
6) Do you feel that you got an adequate amount of sleep?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Caffeine = coffee, tea, caffeinated soda, chocolate, certain medications

**Sanford Center for Sleep Disorders, L.L.C.**

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**Sleep Diary**

Print and fill out this log for two weeks.

Ultimately the sleep log may be useful to diagnose specific sleep disorders. It is often used in those who have excessive daytime sleepiness. The sleep log may be helpful to identify insomnia. It may call attention to poor sleep habits, especially a failure to consolidate sleep. In general, adults should get all of their sleep in an extended sleep period during the nighttime hours. Excessive napping or fragmented sleep with periods of wakefulness will disrupt the body's natural rhythm. This circadian rhythm may be abnormal in some people, resulting in an early or delayed desire to sleep that might be advanced or delayed sleep phase syndrome.

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### **HOW TO SLEEP WELL**

#### *CAN'T SLEEP?*

Nothing is more frustrating than not being able to sleep. Tossing and turning. Your mind is racing, going over everything that happened today. Night noises keep you awake. What can you do? There ARE things you can do! Read on and learn some new tricks to sleep well. These tips are also known as "Sleep Hygiene."

- Sleep only when sleepy

This reduces the time you are awake in bed.

- If you can't fall asleep within 20 minutes, get up and do something boring until you feel sleepy

Sit quietly in the dark or read the warranty on your refrigerator. Don't expose yourself to bright light while you are up. The light gives cues to your brain that it is time to wake up.

- Don't take naps

This will ensure you are tired at bedtime. If you just can't make it through the day without a nap, sleep less than one hour, before 3 pm.

- Get up and go to bed the same time every day

Even on weekends! When your sleep cycle has a regular rhythm, you will feel better.

- Refrain from exercise at least 4 hours before bedtime

Regular exercise is recommended to help you sleep well, but the timing of the workout is important. Exercising in the morning or early afternoon will not interfere with sleep.

- Develop sleep rituals

It is important to give your body cues that it is time to slow down and sleep. Listen to relaxing music, read something soothing for 15 minutes, have a cup of caffeine free tea, do relaxation exercises.

- Only use your bed for sleeping

Refrain from using your bed to watch TV, pay bills, do work or reading. So when you go to bed your body knows it is time to sleep. Sex is the only exception.

- Stay away from caffeine, nicotine and alcohol at least 4-6 hours before bed

Caffeine and nicotine are stimulants that interfere with your ability to fall asleep. Coffee, tea, cola, cocoa, chocolate and some prescription and non-prescription drugs contain caffeine. Cigarettes and

some drugs contain nicotine. Alcohol may seem to help you sleep in the beginning as it slows brain activity, but you will end up having fragmented sleep.

- Have a light snack before bed

If your stomach is too empty, that can interfere with sleep. However, if you eat a heavy meal before bedtime, that can interfere as well. Dairy products and turkey contain tryptophan, which acts as a natural sleep inducer. Tryptophan is probably why a warm glass of milk is sometimes recommended.

- Take a hot bath 90 minutes before bedtime

A hot bath will raise your body temperature, but it is the *drop* in body temperature that may leave you feeling sleepy.

- Make sure your bed and bedroom are quiet and comfortable

A hot room can be uncomfortable. A cooler room along with enough blankets to stay warm is recommended. If light in the early morning bothers you, get a blackout shade or wear a slumber mask. If noise bothers you, wear earplugs or get a "white noise" machine.

- Use sunlight to set your biological clock

As soon as you get up in the morning, go outside and turn your face to the sun for 15 minutes.

Some medications can lead to insomnia, including those taken for:

- colds and allergies
- high blood pressure
- heart disease
- thyroid disease
- birth control
- asthma
- pain medications
- depression (especially SSRI antidepressants)