



# SLEEP CENTER

A service of TIFT REGIONAL MEDICAL CENTER

NAME: \_\_\_\_\_

WEEK OF: \_\_\_\_\_

- please begin to complete the sleep diary on a daily basis. It will provide a subjective tracking of your sleep schedule for you and your sleep clinician to use as you work together to improve your sleep.
- Do not look at the clock to complete this form. You should complete this diary each morning with respect to your previous night of sleep. Do not complete it during the night or keep it in your bedroom.
- Use it only as a guideline and spend no more than 30 seconds filling it out in the morning

Day of WK	Date (e.g.: 1/1/12)	Duration of Naps (minutes)	Bedtime	Time to Fall Asleep (minutes)	Number of Awakenings	Duration of Awakenings (minutes)	Final Wake time	Out of Bed Time	Time Spent Asleep (hours)	Medications Taken	Next Day Alertness 1-10 (10=most alert)
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

WEEK OF: \_\_\_\_\_

Day of WK	Date (e.g.: 1/1/12)	Duration of Naps (minutes)	Bedtime	Time to Fall Asleep (minutes)	Number of Awakenings	Duration of Awakenings (minutes)	Final Wake time	Out of Bed Time	Time Spent Asleep (hours)	Medications Taken	Next Day Alertness 1-10 (10=most alert)
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

Please take completed diary to your follow-up appointment.

Contact the TRMC Sleep Center @ 229-353-7425