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Sleep Medicine

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SLEEP DIARY

Patient Name: _____

1. MARK EACH TIME OF GETTING INTO BED WITH AN ARROW POINTING DOWNWARDS…….. ↓
2. MARK EACH TIME OF GETTING OUT OF BED WITH AN ARROW POINTING UPWARDS…… ↑
3. MARK PERIODS OF SLEEP AS SHADED AREAS BETWEEN VERTICAL BARS……
4. MARK PERIODS WHEN LIGHTS ARE OUT AND TRYING TO SLEEP ……X
5. MARK IN THE GRID A **"C"** WHEN CAFFEINATED BEVERAGES ARE CONSUMED.
6. MARK IN THE GRID AN **"A"** WHEN ALCOHOLIC BEVERAGES ARE CONSUMED.
7. MARK IN THE GRID HOW YOU FEEL UPON AWAKENING; USE THE FOLLOWING TERMS: Sleepy, Near Normal, or Refreshed.

DAY	DATE	12N	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM	12MN	1AM	2AM	3AM	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM	NOON
Mon	1/3																									
Tues	1/4																									