

The Insomnia and Sleep Institute of Arizona

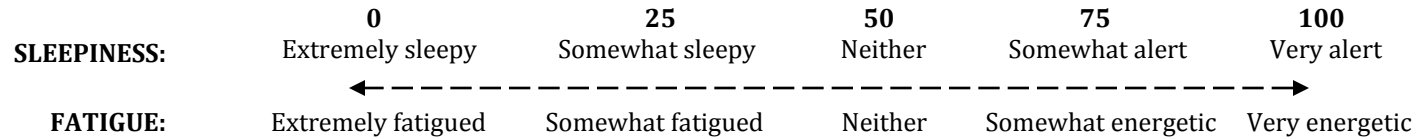
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SLEEP DIARY

SLEEPINESS AND FATIGUE RATING SCALE (Average Rating for the Entire Day)



PATIENT: _____ WEEK ENDING: _____ NEXT APPT: _____

COMPLETE AFTER GETTING OUT OF BED

Day / Date	Naps: Time & Sleep Time	Stressors / Alcohol / Medications	Time you went to bed	Time it took you to fall asleep	# of Awakenings	*Amount of time awake	Time you got up for the day	Total Sleep Time	Sleepiness Rating	Fatigue Rating
Sunday 5/20/12	3PM 1 hour	Argument at dinner, 2 beers 608 PM, Ambien 10mg at 9pm	10 PM	30 mins	3	30 mins	6 AM	7 hours	75	45

*Amount of time awake: All the time you spent awake during the night, from the first time you awakened to the time you got out of bed.