YOUR NAME

SLEEP - WAKE DISORDERS CENTER
Montefiore Medical Center

Please Complete Both Sides.

EACH **MORNING** DO THE FOLLOWING:

1. *Write in today's day and date.*
2. *With an arrow pointing down, mark the time you got into bed last night.*
3. *With a plain line, mark the time you* ***think you fell asleep*** *last night.*
4. *With plain lines, mark whenever you woke up and fell back asleep during the night.*
5. *With another plain line, mark the time you woke up this morning.*
6. *With an arrow pointing up, mark the time you got out of bed this morning.*
7. *If you took any naps since yesterday morning, mark when they began and ended.*
8. *Answer all 8 questions.*

DAY	DATE	MIDNIGHT	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM	8 AM	9 AM	10 AM	11 AM	NOON	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	MIDNIGHT	1. How long did it take you to fall asleep last night? (Mark minutes or hours.)	2. How many times did you wake up? (0, 1, 2, etc.)	3. How much sleep did you get, excluding naps? (Mark minutes or hours.)	4. By what time did you HAVE to be up this morning? (If none, leave blank.)	5. How did you awaken? (Mark "M" for "myself," "A" for "alarm," or "D" for "disturbed.")	6. How did you feel immediately after getting up? (Mark number from scale on back.)	7. How many sleep attacks or periods of drowsiness did you have yesterday? (0, 1, 2, etc.)	8. How many episodes of weakness (cataplexy) did you have yesterday? (0, 1, 2, etc.)
TUES.	1/28/00	↓	SLEEP				SLEEP			↑			NAP														45M	1	5hrs.	8AM	D	2	1	2
1																																		
2																																		
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EXAMPLE

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INSTRUCTIONS:

1. Please complete this side during the time that you are keeping the diary on the opposite side.
2. Select two typical CONSECUTIVE working days.
3. Write in the days and dates you selected at the top of each chart.
4. Throughout your waking hours on these days RATE yourself every two hours according to the scale at the left of the chart.
5. CIRCLE the number indicating your level of alertness or sleepiness for each two-hour time period.
6. CIRCLE "X" for those times when you were asleep.

DAY ONE

Day _____ Date _____

DAY TWO

Day _____ Date _____

SCALE	MID-NIGHT	2 AM	4 AM	6 AM	8 AM	10 AM	NOON	2 PM	4 PM	6 PM	8 PM	10 PM	MID-NIGHT	2 AM	4 AM	6 AM	8 AM	10 AM	NOON	2 PM	4 PM	6 PM	8 PM	10 PM	MID-NIGHT
1. Alert. Wide awake. Energetic.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2. Functioning at a high level, but not at peak. Able to concentrate.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3. Awake, but not fully alert.	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4. A little foggy, let down.	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5. Foggy. Beginning to lose interest in remaining awake. Slowed down.	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6. Sleepy. Prefer to be lying down. Woozy.	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7. Cannot stay awake. Sleep onset soon.	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
X. Asleep.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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