SLEEP CENTER OF KENTUCKIANA

7926 Preston Hwy. Suite 200
Louisville, KY 40219
Tel: (502) 964-2440
Fax: (866) 845-0491
www.KentuckySleep.com

MORNING SLEEP DIARY

	I went to bed last night at:	I got out of bed this morning at:	Last night I fell asleep in:	I woke up during the night:	When I woke up for the day, I felt:	Last night I slept for a total of:	My sleep was disturbed by:
DAY 1 DAY _____ DATE _____	_____ PM/AM	_____ AM/PM	_____ MINUTES	_____ # OF TIMES	___ REFRESHED ___ SOMEWHAT REFRESHED ___ FATIGUED	_____ HOURS	_____ _____ _____ _____ _____
DAY 2 DAY _____ DATE _____	_____ PM/AM	_____ AM/PM	_____ MINUTES	_____ # OF TIMES	___ REFRESHED ___ SOMEWHAT REFRESHED ___ FATIGUED	_____ HOURS	_____ _____ _____ _____ _____
DAY 3 DAY _____ DATE _____	_____ PM/AM	_____ AM/PM	_____ MINUTES	_____ # OF TIMES	___ REFRESHED ___ SOMEWHAT REFRESHED ___ FATIGUED	_____ HOURS	_____ _____ _____ _____ _____
DAY 4 DAY _____ DATE _____	_____ PM/AM	_____ AM/PM	_____ MINUTES	_____ # OF TIMES	___ REFRESHED ___ SOMEWHAT REFRESHED ___ FATIGUED	_____ HOURS	_____ _____ _____ _____ _____
DAY 5 DAY _____ DATE _____	_____ PM/AM	_____ AM/PM	_____ MINUTES	_____ # OF TIMES	___ REFRESHED ___ SOMEWHAT REFRESHED ___ FATIGUED	_____ HOURS	_____ _____ _____ _____ _____
DAY 6 DAY _____ DATE _____	_____ PM/AM	_____ AM/PM	_____ MINUTES	_____ # OF TIMES	___ REFRESHED ___ SOMEWHAT REFRESHED ___ FATIGUED	_____ HOURS	_____ _____ _____ _____ _____
DAY 7 DAY _____ DATE _____	_____ PM/AM	_____ AM/PM	_____ MINUTES	_____ # OF TIMES	___ REFRESHED ___ SOMEWHAT REFRESHED ___ FATIGUED	_____ HOURS	_____ _____ _____ _____ _____

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EVENING SLEEP DIARY

	I consumed caffeinated drinks in the:	I exercised at least 20 minutes in the:	Appoximately 2-3 hours before going to bed, I consumed:	Medication(s) I took during the day:	1 hour before going to sleep, I did the following activity:
DAY 1 DAY _____ DATE _____	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ ALCOHOL ___ A HEAVY MEAL ___ NOT APPLICABLE	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
DAY 2 DAY _____ DATE _____	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ ALCOHOL ___ A HEAVY MEAL ___ NOT APPLICABLE	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
DAY 3 DAY _____ DATE _____	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ ALCOHOL ___ A HEAVY MEAL ___ NOT APPLICABLE	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
DAY 4 DAY _____ DATE _____	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ ALCOHOL ___ A HEAVY MEAL ___ NOT APPLICABLE	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
DAY 5 DAY _____ DATE _____	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ ALCOHOL ___ A HEAVY MEAL ___ NOT APPLICABLE	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
DAY 6 DAY _____ DATE _____	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ ALCOHOL ___ A HEAVY MEAL ___ NOT APPLICABLE	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
DAY 7 DAY _____ DATE _____	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ MORNING ___ AFTERNOON ___ 2-3 HOURS BEFORE GOING TO BED ___ NOT APPLICABLE	___ ALCOHOL ___ A HEAVY MEAL ___ NOT APPLICABLE	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____