

SLEEP JOURNAL

Prepare the answers to the following questions ahead of time, so you can capture your thoughts and have the information ready for your provider:

1.	Do you have trouble falling asleep?				
	Yes	☐ No			
2.	Do you have trouble staying asleep?				
	Yes	☐ No			
3.	Oo you have trouble with waking up early in the morning?				
	Yes	☐ No			
4.	Do you experience fatigue during the day?				
	Yes	☐ No			
5.	Do you experience trouble concentrating during the day?				
	Yes	☐ No			
6.	Do you experience mood shifts during the day?				
	Yes	☐ No			
7.	When you do sleep, do you feel refreshed in the morning?				
	☐ Never	Sometimes	Always		
8.	Have you had these symptoms at least 3 nights per week for at least 3 months?				
	Yes	☐ No			
	If you answered No, please list the frequency of your symptoms below:				



9. l	low many hours of sleep do you ge	t per night on average?			
10.	At what time do you normally go to	bed?			
11.	At what time do you normally wake	up?			
	Do you drink caffeine?	□ Na			
	Yes	No			
1	f you answered Yes, how long before	e bea ao you consume it?			
	Do you watch TV in bed before goin				
	Yes	□ No			
14. Do you use screens (phone, tablet, laptop, etc.) before bed?					
	Yes	No			
15. Have you tried changing your night-time habits?					
	Yes	□ No			
I	f you answered Yes, which ones?				



16.	Have you tried over-the-counter or prescription medications to treat your symptoms?					
	Yes	No				
If you answered Yes, which ones?						
Во	nus Questions					
In order to discard other possible diagnoses, such as sleep apnea or restless leg syndrome, it is useful to also have answers prepared for the following questions:						
1.	Do you snore?					
	Yes	☐ No	☐ I don't know			
2. Do you awaken abruptly during the night gasping or choking?						
	Yes	☐ No				
3.	Do you have the urge to move or twitch your legs at night?					
	Yes	☐ No				
4.	Do you have a history of anxiety or depression?					
	Yes	☐ No	☐ I don't know			
5.	Do you suffer from chronic pain?					
	Yes	☐ No				
6.	Do you suffer from back pain?					
	Yes	□ No				
Fx	ternal Resources					

- Find out more information about how to use a sleep journal from the National Sleep Foundation: https://www.thensf.org/nsf-sleep-diary/
- Results of the Wake Up America Survey: Sleeplessness at Home and Beyond, conducted by the Alliance for Sleep: https://www.wakeupamericasurvey.com/
- For more resources, check out the Alliance for Sleep YouTube channel: <u>The Alliance for Sleep YouTube</u>