RED RIVER

SLEEP CENTER

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	_____ _____ _____ _____ _____

VENING SLEEP DIARY

	ed at least utes in the:	Appoximately 2-3 hours before going to bed, I consumed:	Medi	
	NING RNOON OURS BEFORE G TO BED APPLICABLE	___ ALCOHOL ___ A HEAVY M ___ NOT AP		
	NING RNOON OURS BEFORE G TO BED APPLICAB			
DAY ____ DATE ____	FTERNOON -3 HOURS BEFORE GOING TO BED NOT APPLICABLE			
DAY 4 DAY ____ DATE ____				
DAY 5 DAY ____ DATE ____				
DA DA DATE				
Y ____ ____				