

Epignosis Specialty Practice 320 Wilson Street West Hempstead, New York 11552

Please fill out for the 2 weeks prior to your appointment

	National Sleep Foundation Sleep Diary													
Fill out days	Complete in morning							Complete at end of day						
1-4 below	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 a total of:	My sleep was disturbed by: (e.g. stress, snoring, temperature)	I consumed caffeinated drinks in the:	I exercised at least 20 minutes in the:	About 2-3 hours before bed I consumed:	Medications I took during the day:	About 1 hour before going to bed I did the following activities:		
Day 1 Date: Time:	PM/AM	PM/AM	minutes	times	□ Refreshed □ Somewhat Refreshed □ Fatigued	hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable				
Day 2 Date: Time:	PM/AM	PM/AM	minutes	times	□ Refreshed□ SomewhatRefreshed□ Fatigued	hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol □ A heavy meal □ Not Applicable				



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Day 3 Date: Time:	PM/AM	PM/AM	minutes	times	□ Refreshed □ Somewhat Refreshed □ Fatigued	hours		 □ Morning □ Afternoon □ Within several hours of bed □ Not Applicable 	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol□ A heavymeal□ NotApplicable			
Day 4 Date: Time:	PM/AM	PM/AM	minutes	times	□ Refreshed □ Somewhat Refreshed □ Fatigued	hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol□ A heavymeal□ NotApplicable			
				Nati	ional Sleep	Found	ation Sleep	Diary					
	Complete in morning							Complete at end of day					
Fill out days			Co	mplete in mo	rning				Comple	ete at end of d	lay		
5-7 below	I went to bed last night at:	I got out of bed this morning at:	Co Last night, I fell asleep in:	mplete in mo I woke up during the night:	when I woke up for the day, I felt:	Last night I slept a total of:	My sleep was disturbed by: (e.g. stress, snoring, temperature)	I consumed caffeinated drinks in the:	I exercised at least 20 minutes in the:	About 2-3 hours before bed I consumed:	Medications I took during the day:	About 1 hour before going to bed I did the following activities:	



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Ti	ne:	PM/AM	PM/AM	minutes	□ Somewhat Refreshed □ Fatigued □ Refreshed □ Somewhat	hours	of bed Not Applicable Morning Afternoon Within several hours	several hours of bed Not Applicable Morning Afternoon Within several	□ Not Applicable □ Alcohol □ A heavy	
	nte: ne:	PM/AM	PM/AM	minutes	Refreshed Fatigued	hours	of bed □ Not Applicable	hours of bed Not Applicable	meal Not Applicable	

	National Sleep Foundation Sleep Diary													
Fill out days			Co	mplete in mo	rning	Complete at end of day								
8-11 below	I went to bed last	of bed	Last night, I fell			night I	My sleep was disturbed by:	caffeinated		hours before		About 1 hour		
	night at:	this morning at:	asleep in:	night:	the day, I felt:	slept a total of:	(e.g. stress, snoring, temperature)	drinks in the:	minutes in the:	bed I consumed:	during the day:	before going to bed I did		
												the following		



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											activities:
Day 8 Date: Time:	PM/AM	PM/AM	minutes	times	□ Refreshed□ SomewhatRefreshed□ Fatigued	hours		of bed ⊐ Not	 □ Morning □ Afternoon □ Within several hours of bed □ Not Applicable 	□ Alcohol□ A heavymeal□ NotApplicable	
Day 9 Date: Time:	PM/AM	PM/AM	minutes	times	□ Refreshed □ Somewhat Refreshed □ Fatigued	hours	: : : :	⊐ Not	 □ Morning □ Afternoon □ Within several hours of bed □ Not Applicable 	□ Alcohol□ A heavymeal□ NotApplicable	
Day 10 Date: Time:	PM/AM	PM/AM	minutes	times	□ Refreshed □ Somewhat Refreshed □ Fatigued	hours		of bed ⊐ Not	 □ Morning □ Afternoon □ Within several hours of bed □ Not Applicable 	□ Alcohol□ A heavymeal□ NotApplicable	
Day 11 Date: Time:	PM/AM	PM/AM	minutes	times	□ Refreshed □ Somewhat Refreshed □ Fatigued	hours		of bed ⊐ Not	ICAVAFAI	□ Alcohol□ A heavymeal□ NotApplicable	



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	National Sleep Foundation Sleep Diary													
Fill out days			Со	mplete in mo	rning	Complete at end of day								
12-14 below	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 a total of:	My sleep was disturbed by: (e.g. stress, snoring, temperature)	I consumed caffeinated drinks in the:	minutes in the:	About 2-3 hours before bed I consumed:	Medications I took during the day:	About 1 hour before going to bed I did the following activities:		
Day 12 Date: Time:	PM/AM	PM/AM	minutes	times	□ Refreshed□ SomewhatRefreshed□ Fatigued	hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	 □ Morning □ Afternoon □ Within several hours of bed □ Not Applicable 	□ Alcohol□ A heavymeal□ NotApplicable				
Day 13 Date: Time:	PM/AM	PM/AM	minutes	times	RefreshedSomewhatRefreshedFatigued	hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	 □ Morning □ Afternoon □ Within several hours of bed □ Not Applicable 	□ Alcohol□ A heavymeal□ NotApplicable				
Day 14 Date: Time:	PM/AM	PM/AM	minutes	times	□ Refreshed □ Somewhat Refreshed □ Fatigued	hours		□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Morning □ Afternoon □ Within several hours of bed □ Not Applicable	□ Alcohol□ A heavymeal□ NotApplicable				