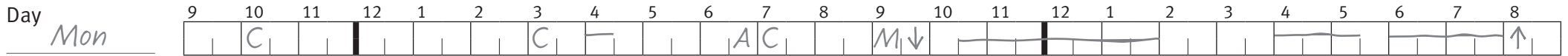


Figure 4: Sleep Diary

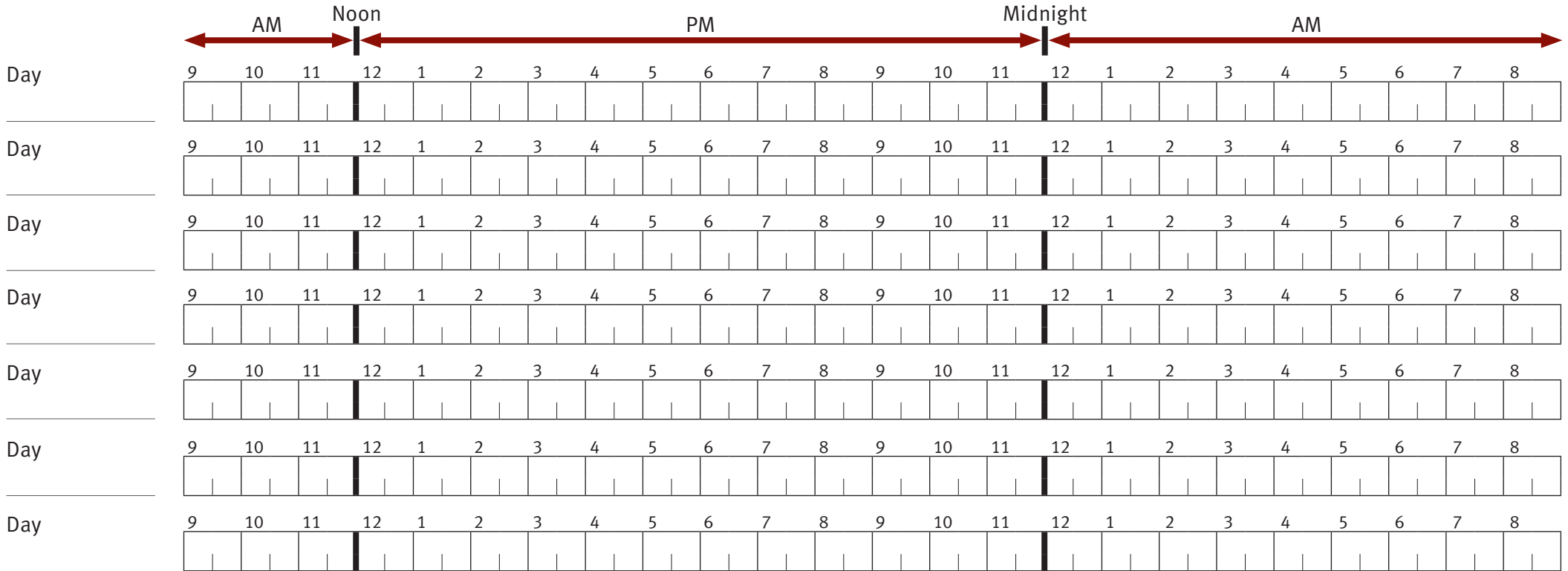
Please complete this diary and show your doctor at your next appointment. Do not return to DVA.

Name: _____

Example Graph



Sleep Diary (24 hrs) commences at 9am.



Please list ALL your current medications: _____

How to use the sleep diary

Just before going to bed each night:

- Record the day (eg Mon)
- Draw a line on the graph for any day time naps
- Place a **C** for each cup of coffee, tea or cola

- Place an **A** for each glass of alcohol
- Place a **M** when sleep medication is taken
- Place a down arrow (▼) at the time you intend to turn out the lights to go to sleep

When you get out of bed:

- Record the time you got out of bed with an (▲)
- Draw a line to show the time you were asleep. Leave gaps to show any time you believe you were awake. Only estimate - Do not clock watch!