



# Get on the Road to Better Health Sleep Diary

## COMPLETE IN MORNING

## COMPLETE AT END OF DAY

Fill out days 4-7 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:	I consumed caffeinated drinks in the:	I exercised at least 20 minutes in the:	Approximately 2-3 hours before going to bed, I consumed:	Medication(s) I took during the day:	About 1 hour before going to sleep, I did the following activity:
	PM / AM	PM / AM	Minutes	Times	(Check one)	(Record number of hours)	(List any mental, emotional, physical or environmental factors that affected your sleep; e.g. stress, snoring, physical discomfort, temperature)	(e.g., coffee, tea, cola)		Alcohol A heavy meal Not applicable	(List the name of medication/drug(s))	(List activity; e.g. watch TV, work, read)
<b>DAY 4</b>	PM / AM	PM / AM	Minutes	Times	<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued	Hours		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Within several hours before going to bed <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Within several hours before going to bed <input type="checkbox"/> Not applicable	<input type="checkbox"/> Alcohol <input type="checkbox"/> A heavy meal <input type="checkbox"/> Not applicable		
DAY												
DATE												
<b>DAY 5</b>	PM / AM	PM / AM	Minutes	Times	<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued	Hours		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Within several hours before going to bed <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Within several hours before going to bed <input type="checkbox"/> Not applicable	<input type="checkbox"/> Alcohol <input type="checkbox"/> A heavy meal <input type="checkbox"/> Not applicable		
DAY												
DATE												
<b>DAY 6</b>	PM / AM	PM / AM	Minutes	Times	<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued	Hours		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Within several hours before going to bed <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Within several hours before going to bed <input type="checkbox"/> Not applicable	<input type="checkbox"/> Alcohol <input type="checkbox"/> A heavy meal <input type="checkbox"/> Not applicable		
DAY												
DATE												
<b>DAY 7</b>	PM / AM	PM / AM	Minutes	Times	<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued	Hours		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Within several hours before going to bed <input type="checkbox"/> Not applicable	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Within several hours before going to bed <input type="checkbox"/> Not applicable	<input type="checkbox"/> Alcohol <input type="checkbox"/> A heavy meal <input type="checkbox"/> Not applicable		
DAY												
DATE												

Congratulations! You have now taken the first step to managing your sleep problems. The FMSCA and NSF encourage you to take the next step by sharing this diary with your doctor. There are many factors that affect the quality and duration of sleep and whether you feel fatigued during the day. In addition to reviewing your sleep diary, your doctor may take a medical history and refer you to a sleep specialist for a more complete examination. For more information about sleep, visit NSF's Web site at [www.sleepfoundation.org](http://www.sleepfoundation.org).



U.S. Department of Transportation  
**Federal Motor Carrier Safety Administration**



**NATIONAL SLEEP FOUNDATION**

Federal Motor Carrier Safety Administration  
 1200 New Jersey Avenue SE • Washington, DC 20590  
[www.fmcsa.dot.gov/sleep-apnca](http://www.fmcsa.dot.gov/sleep-apnca) • [www.drowsydriving.org](http://www.drowsydriving.org) • [www.sleepfoundation.org](http://www.sleepfoundation.org)