



NATIONAL SLEEP FOUNDATION

Sleepiness Diary

Sleepiness can interfere with a person's productivity, safety and overall quality of life. This diary enables you to record how sleepy you are and how difficult it is to stay awake during your day. You can compare this to how much you slept during the night and how much you napped during your day. To record for a second week, please use the tables on the reverse side of this sheet.

WEEK OF: _____

The faces on the scale below represent different levels of sleepiness from being wide awake ("0") to falling asleep ("4"). At the times indicated on the chart, record with a "0, 1, 2, 3 or 4" for each day which face most represents how you feel at the given time.



0



1



2



3



4

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning (6am-12pm) Time: _____							
Afternoon (12am-6pm) Time: _____							
Evening (6pm-12am) Time: _____							
Night (12am-6am) Time: _____							

The three statements on the left in the table below represent difficulties staying awake. For each day of the week, record how frequently during the day you experience this level of sleepiness:

0= Not at all 1= Occasionally 2 =Some of the time 3=Most of the time 4=All of the time

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
I fought off/ignored a need to sleep							
I dozed off/fell asleep without meaning to							
I needed caffeine or another stimulant drug to stay awake							

For each day below, record how much you slept the previous night and how much time you spent napping during your day in hours (___Hrs.) and minutes (___Min.). Then, enter your total sleep time.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours/Minutes spent sleeping last night	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.
Hours/Minutes spent napping last night	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.
TOTAL	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.	____ Hrs. ____ Min.

For each day, note the hours you slept and compare this to your level of sleepiness recorded on the sleepiness scales. While sleepiness is most often caused by not getting enough sleep, for some people it may be the result of a sleep disorder or other condition. If you are concerned, share this chart with your doctor to talk about your sleep.

* Cartoon faces are reproduced for one-time use by the Associated Professional Sleep Societies, LLC on December 2, 2004. Source: Maldonado C, Bentley A, Mitchell D. A Pictorial Sleepiness Scale Based on Cartoon Faces. Sleep 2003;27:541-548.

National Sleep Foundation Sleepiness Diary

(2nd Week)

WEEK OF: _____

The faces on the scale below represent different levels of sleepiness from being wide awake ("0") to falling asleep ("4"). At the times indicated on the chart, record with a "0, 1, 2, 3 or 4" for each day which face most represents how you feel at the given time.



	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning (6am-12pm) Time: _____							
Afternoon (12am-6pm) Time: _____							
Evening (6pm-12am) Time: _____							
Night (12am-6am) Time: _____							



NATIONAL SLEEP FOUNDATION
1522 K STREET, NW, SUITE 500, WASHINGTON, DC 20005
www.sleepfoundation.org

The three statements on the left in the table below represent difficulties staying awake. For each day of the week, record how frequently during the day you experience this level of sleepiness:

0= Not at all 1= Occasionally 2=Some of the time 3=Most of the time 4=All of the time

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
I fought off/ignored a need to sleep							
I dozed off/fell asleep without meaning to							
I needed caffeine or another stimulant drug to stay awake							

For each day below, record how much you slept the previous night and how much time you spent napping during your day in hours (___ Hrs.) and minutes (___ Min.). Then, enter your total sleep time.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours/Minutes spent sleeping last night	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.
Hours/Minutes spent napping today	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.
TOTAL	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.	___ Hrs. ___ Min.

* Cartoon faces are reproduced for one-time use by the Associated Professional Sleep Societies, LLC on December 2, 2004. Source: Maldonado C, Bentley A, Mitchell D. A Pictorial Sleepiness Scale Based on Cartoon Faces. Sleep 2003;27:541-548.