Monitor Your Sleep Patterns

This Sleepiness Diary will help you monitor your sleep patterns. You can also visit www.sleepfoundation.org to download the actual Sleepiness Diary in its entirety.

The scale below represents different levels of sleepiness: being wide awake "0" to falling asleep "4." At the times indicated on the chart, record with a "0, 1, 2, 3 or 4" your level of sleepiness during each day.

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

The 3 statements on the left in the table below represent difficulties staying awake. For each day, 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/ other stimulant to stay awake							

For each day, record how the hours and minutes you slept the previous night, or spent napping during your day. Enter total sleep time below.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours/minutes spent sleeping last night	hrs. min.						
Hours/minutes spent napping	hrs.						
	min.						
Total	hrs.						
	min.						

How Sleepy Are You?

Use this questionnaire to measure your general level of daytime sleepiness. Answers are rated on a reliable scale called the Epworth Sleepiness Scale (ESS). Each item describes a routine situation. Use the scale below to rate the likelihood that you would doze off or fall asleep during that activity.

2

3

Would never	Slight chance	Moderate chance	High chance		
doze	of dozing	of dozing	of dozing		
Sitting & Reading	ıg	chance of dozin			
Watching Televi	sion		chance of dozing		
Sitting inactive i	-	chance of dozing			
place, for examp or meeting	ile, a tneater		90-97		
As a passenger in car for an hour to a break			chance of dozing		
Lying down to re the afternoon	est in		chance of dozing		
Sitting & talking someone	r to	_	chance of dozing		
In a car, while stopped in traffic	2	_	chance of dozing		
Sitting quietly af lunch (when you had no alcohol)		_	chance of dozing		

If your total is 10 or higher, consider discussing these results with your physician or other health care provider. Keeping a sleep diary for two weeks or longer can help you identify behaviors that might contribute to your fatigue.



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