台大醫院 睡眠中心 NTUH Center of Sleep Disorder

Last updated on 2021/03/30

Consensus Sleep Diary-Core **ID/Name:**_____

(24 hour format) Sample

Today's date	***2021/2/23***							
What day is it	***Tuesday***							
1. What time did you get into bed?	***22:15(24 hr)***							
2. What time did you try to go to sleep?	***23:30(24 hr)***							
3. How long did it take you to fall asleep?	***55 min.***							
4. How many times did you wake up, not counting your final awakening?	***3 times***							
5. In total, how long did these awakenings last?	***1 hour 10 min.***							
6. What time was your final awakening?	***06:35***							
7. What time did you get out of bed for the day?	***07:20***							
8. How would you rate the quality of your sleep?	□ Very poor ■ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good
9. Did you use the alarm clock to wake you up?	■ Yes □ No							
10. Comments (if applicable)	***I have a cold***							

Figure 1 *(continued)*—Sleep Diary Instructions: Core

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Consensus Sleep Diary—Carney et al

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Consensus Sleep Diary-E (Please Complete Before Bed) (24 hour format) ID/Name:_____

Today's date	***2021/2/23***							
11a. How many times did you nap or doze? 11b. In total, how long did you nap or doze?	***2 times*** ***1 hour 10 min.***							
12a. How many drinks containing alcohol did you have? 12b. What time was your last drink?	***3 drinks*** ***09:20(24 hr)***							
13a. How many caffeinated drinks (coffee, tea, soda, energy drinks) did you have? 13b. What time was your last drink?	***2 drinks*** ***15:00(24 hr)***							
14a. Did you take any over-the-counter or prescription medication(s) to help you sleep? If so, list medication(s), dose, and time taken	■ Yes □ No Medication(s): ***Relaxo-Herb*** Dose: ***50mg*** Time(s) taken: ***11 p.m.***	□ Yes □ No Medication(s): Dose: Time(s) taken:	□ Yes □ No Medication(s): Dose: Time(s) taken:	□ Yes □ No Medication(s): Dose: Time(s) taken:	□ Yes □ No Medication(s): Dose: Time(s) taken:	□ Yes □ No Medication(s): Dose: Time(s) taken:	□ Yes □ No Medication(s): Dose: Time(s) taken:	□ Yes □ No Medication(s): Dose: Time(s) taken:
15. Light exposure	***07:00-08:00***							
16. Exercise	***07:00-08:00***							

Figure 1 *(continued)*—Sleep Diary Instructions: Core