

Monitor Your Sleep Patterns

This Sleepiness Diary will help you monitor your sleep patterns.
You can also visit www.thensf.org for additional information.

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	TUE	WED	THU	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	TUE	WED	THU	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	TUE	WED	THU	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	_____.hrs. _____.min.	_____.hrs. _____.min.	_____.hrs. _____.min.	_____.hrs. _____.min.	_____.hrs. _____.min.	_____.hrs. _____.min.	_____.hrs. _____.min.
Total							

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.

0

Would Never
Doze

1

Slight Chance
of Dozing

2

Moderate Chance
of Dozing

3

High Chance
of Dozing

☐

Sitting and reading

☐

Watching television

☐

Sitting inactive in a public place, for example, a theater or meeting

☐

As a passenger in a car for an hour without a break

☐

Lying down to rest in the afternoon

☐

Sitting & talking to someone

☐

In a car, while stopped in traffic

☐

Sitting quietly after lunch (when you've had no alcohol)

☐

TOTAL

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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