

Part 1 Sleep Diary

A sleep diary can help identify habits that interfere with quality sleep. The diary can also be a source of valuable information if you need to consult a medical professional about sleep. Use the sleep diary on the following page to track your sleep for seven days. It is most accurate when you complete it each day. Keep it close to your bed so that you will remember to fill it out before you go to sleep and when you awaken.

Part 2 Do You Have Symptoms of a Sleep Disorder?

Ask yourself the following questions:

- Do you have trouble falling asleep three nights a week or more?
- Do you wake up frequently during the night?
- Do you wake up too early and find it difficult to get back to sleep?
- Do you wake up unrefreshed?
- Do you snore loudly?
- Are you aware of gasping for breath or not breathing while you are sleeping, or has anyone ever told you that you do this?
- Do you feel sleepy during the day or doze off watching TV, reading, driving, or engaging in daily activities, even though you get eight hours of sleep a night?
- Do you have nightmares?
- Do you feel unpleasant, tingling, creeping sensations in your legs while trying to sleep?
- Does chronic or acute pain interfere with your sleep? If so, how do you manage this pain?

If you answer yes to any of these questions, it is possible that you are suffering from a sleep disorder. The first step to take is to make sure you have good sleep habits and practices, as described in this chapter. If you are doing everything you can to ensure a good night's sleep, consult your health provider. They may refer you to a sleep disorder specialist.

Sources: Part 1: "Weekly Sleep Diary," Helpguide, www.helpguide.com. Part 2: Adapted from National Sleep Foundation, 2004, www.sleepfoundation.org.

CRITICAL THINKING QUESTIONS

1. Analyze your sleep. What was the average number of hours you slept for the five weekday nights? What was the average number of hours you slept on the weekend? Discuss the factors (individual and environmental) that affected the duration or quality of your sleep. For example, perhaps you slept worse on the days you drank Pepsi after dinner, or perhaps you slept worse on the weekend because your neighbors had a noisy party. Conversely, perhaps you slept well because you didn't play video games before going to sleep or because your partner goes to sleep and wakes up at the same time you do.
2. In Part 2, did you answer yes to any of the questions? If so, do you think you need to see your doctor about your sleep quality?
3. Overall, do you think you are meeting your sleep needs? Why or why not? If you are not meeting your sleep needs, what are some things you can do to change this? Use the material included in the section "Establishing Good Sleep Habits" in your discussion.
4. Do you leave your cell phone on at night? If so, do you respond to texts or send emails after you have gone to sleep?
5. The United States has been described as Sleepless America. What can be done to change a sleepless culture?

SLEEP DIARY							
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Daytime Activities & Pre-Sleep Ritual (Fill in each night before going to bed)							
Exercise What did you do? When? Total time?							
Naps When? Where? How long?							
Alcohol & Caffeine Types, amount and when							
Feelings Happiness, sadness, stress, anxiety; major cause							
Food & Drink (Dinner/snacks) What and when?							
Medications or Sleep Aids Types, amount and when							
Bedtime Routine Meditation/Relaxation? How long?							
Bed Time							
Sleeping & Getting Back to Sleep (Fill in each morning)							
Wake-up Time							
Sleep Breaks Did you get up during the night? If so, what did you do?							
Quality of Sleep & Other Comments							
Total Sleep Hours							

Source: "Weekly Sleep Diary," Helpguide, www.helpguide.org