



Consensus Sleep Diary-M Continued

ID/NAME: \_\_\_\_\_

Sample

Today's Date	4/5/10							
11a. How many times did you nap or doze?	2 times							
11b. In total, how long did you nap or doze?	1 hour 10 min.							
12a. How many drinks containing alcohol did you have?	3 drinks							
12b. What time was your last drink?	9 :20 p.m.							
13a. How many caffeinated drinks (coffee, tea, soda, energy drinks) did you have?	2 drinks							
13b. What time was your last drink?	3 :00 p.m.							
14. Did you take any over-the-counter or prescription medication(s) to help you sleep?  If so, list medication(s), dose, and time taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Medication(s): Relaxo-Herb Dose: 50 mg Time(s) taken: 11 pm	<input type="checkbox"/> Yes <input type="checkbox"/> No Medication(s):  Dose:  Time(s) taken:	<input type="checkbox"/> Yes <input type="checkbox"/> No Medication(s):  Dose:  Time(s) taken:	<input type="checkbox"/> Yes <input type="checkbox"/> No Medication(s):  Dose:  Time(s) taken:	<input type="checkbox"/> Yes <input type="checkbox"/> No Medication(s):  Dose:  Time(s) taken:	<input type="checkbox"/> Yes <input type="checkbox"/> No Medication(s):  Dose:  Time(s) taken:	<input type="checkbox"/> Yes <input type="checkbox"/> No Medication(s):  Dose:  Time(s) taken:	<input type="checkbox"/> Yes <input type="checkbox"/> No Medication(s):  Dose:  Time(s) taken:
15. Comments (if applicable)	I have a cold							