Sleep Chart

Sleepiness Record: The three statements on the left of the table show different levels of difficulty staying awake. For each day of the week, record how frequently you experience each level of sleepiness.

0 = Not at all, 1 = Occasionally, 2 = Some of the time, 3 = Most of the time, 4 = All of the time

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I felt wide awake and did not have to fight off sleepiness.							
I fought off or ignored a need to sleep.							
I dozed off or fell asleep without meaning to.							
I needed caffeine or another stimulant to stay awake.							

Everyday, record how much you slept the previous night (or day) and how much time you spent napping during your day in hours (Hrs.) and minutes (Min). Then enter your total sleep time. Compare the sleepiness chart above to the sleep log below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours/minutes spent sleeping	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 Sleep Time	Hrs. Min.	Hrs. Min.	Hrs. Min.	Hrs. Min.	Hrs. Min.	Hrs. Min.	Hrs. Min.

If you would like more information on Healthy Sleeping Habits, or to have your Sleep Chart reviewed, please contact the Stormont-Vail Sleep Center at (785) 270-4691 or call the Employee Health Nurse at (785) 354-5928

Stormont-Vail HealthCare
SLEEP CENTER

Sleep Chart

Sleepiness Record Week Two: The three statements on the left of the table show different levels of difficulty staying awake. For each day of the week, record how frequently you experience each level of sleepiness.

0 = Not at all, 1 = Occasionally, 2 = Some of the time, 3 = Most of the time, 4 = All of the time

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I felt wide awake and did not have to fight off sleepiness.							
I fought off or ignored a need to sleep.							
I dozed off or fell asleep without meaning to.							
I needed caffeine or another stimulant to stay awake.							

Everyday, record how much you slept the previous night (or day) and how much time you spent napping during your day in hours (Hrs.) and minutes (Min). Then enter your total sleep time. Compare the sleepiness chart above to the sleep log below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours/minutes spent sleeping	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 Sleep Time	Hrs. Min.	Hrs. Min.	Hrs. Min.	Hrs. Min.	Hrs. Min.	Hrs. Min.	Hrs. Min.

If you would like more information on Healthy Sleeping Habits, or to have your Sleep Chart reviewed, please contact the Stormont-Vail Sleep Center at (785) 270-4691 or call the Employee Health Nurse at (785) 354-5928