Pensacola Sleep Disorders Center
6706 N. 9th Avenue, Suite E1
Pensacola, FL 32504

Accredited by: The Joint Commission

Heather 850-390-3611

HOME SLEEP TESTING DIARY

Pre-Sleep Questionnaire

Did you take a nap today? **Yes** **No** If Yes, from what time to what time? _________________

Did you consume any caffeine today? **Yes** **No** If Yes, How much? _________________

Did you consume any alcohol today? **Yes** **No** If Yes, How much? _________________

Do you smoke? **Yes** **No** If Yes, how many per day? _________________

If you exercise on a daily basis, what time did you exercise today and for how long? _____________

Sleep Time Questionnaire

What time did you go to sleep? _______________

Was a T.V. or radio left on during the night? **Yes** **No**

Did you get up during the night? **Yes** **No**

If yes, from what time to what time:

Time up	Time down	Reason	Time up	Time down	Reason
_______	_______	_______	_______	_______	_______
_______	_______	_______	_______	_______	_______
_______	_______	_______	_______	_______	_______

Did you wake up during the night, last night, and go back to sleep? **Yes** **No**

If Yes, How many times? _________________

What times? _________________

What time did you get up this morning? _________________

Post Sleep Questionnaire

Did you have a usual night's sleep last night? **Yes** **No** If No, why? _________________

How long do you think it took you to fall asleep? _________________

Did it take longer, shorter or the same amount of time to fall asleep as usual? _________________

How long do you think you slept last night? _________________

How deeply do you feel you slept last night? **Light / Average / Deep**

How did you feel upon waking this morning? **More Rested / Less Rested / About the Same**

How sleepy did you feel upon waking? **Not At All / A Little / Quite a Bit / Extremely**

Call the sleep center at 850-473-9709 in the morning **before** you bring the HST equipment back to ensure last night's sleep study was successful.

Patient Name: _________________ Date: _________________ Record ID: _________________