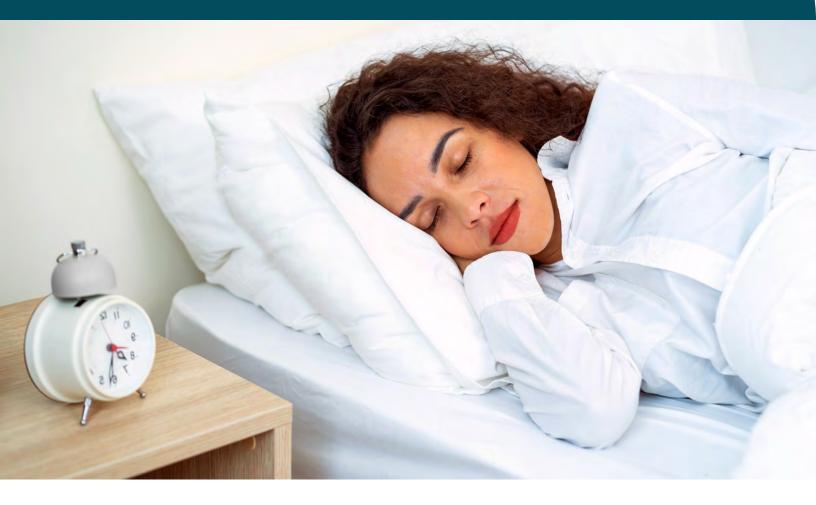
Your Sleep Packet





Use our sleep packet to share important information regarding your sleep habits with your doctor.

- Print seven or more copies of the sleep diary entry page to keep track of your daily habits and sleep patterns.
- Organize your full medication list, personal and family medical history, and summarize your sleep diary findings, all in one place.
- Paper-clip or staple these pages together and present them to your doctor to help you stay focused on the thoughts and concerns you have about your sleep.

This printout is for your private use only. Please do not send your sleep diary entries or personal information to NCOA.

Your Sleep Packet Checklist for Your Doctor



Medications:

Name	Dosage	Times taken per day (a.m./p.m.)	Notes

Personal medical history:

I have history of	Significant personal/family medical history:
Brain injury, including concussion	
Anxiety or depression	
Falls or big stumbles	
Sleep disorders	

Some patterns I've noticed while using my sleep diary:

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Your Sleep Packet Sleep Diary Entry



a week. Pr them filed	your regular sleep and daily habits for at least int at least seven of these pages and keep for your reference. Organize them by date. complete this sheet every night before bed.	Day: Date:		
8	Today's mood:Image: Colored c			
	This morning, I woke up at. Tonight, I'm plaIt tookto fall asleep last night.I remember wakingtimes becauseI napped foryesterday. I slept a total of	anning to sleep at . of hours.		
101	Ato'clock, I hadI also took these medications (if applicable):Ato'clock, I hadI also took these medications (if applicable):Ato'clock, I hadI also took these medications (if applicable):Did I eat any snacks today? When?	for breakfast. for lunch. for dinner.		
<u>A</u> E	How many hours did I watch television or use my cellphone today? What physical activities did I do today? How much time did I spend outside today?			
	Before heading to bed, I'll try to clear my mind by listing worries and to-do lists here:			

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