

NAP DIARY

	Example	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Today's date (to fill out in the evening or after your nap) DD/MM/AAAA	04/07/2020							
1. Did you take a nap (or rest) during the day today? [Yes/No]	Yes							
PRE-NAP STATE								
2. Time of the nap: [HH:MM]	14:00							
3. Level of drowsiness before the nap? [1= Alert, not at all drowsy; 9= Very drowsy]	7							
4. Level of stress before the nap? [1= Very low; 9= Very high]	4							
STATE DURING THE NAP								
5. Duration of nap (time spent sleeping)? [en min]	15							
6. Sleep depth? [1= Awake the whole time; 5= Light sleep; 9= Deep sleep]	5							
7. Dream or any mental experience during the nap? [Yes/No] Describe in question 17	Yes							
POST-NAP STATE								
8. Vigilance state when you woke up from your nap: [1= Drowsy and groggy; 9= Alert and vigilant]	4							
9. How long were you drowsy after waking up from the nap? [in min]	3							
NAP ENVIRONMENT								
10. A. Your sound environment was... [1= Silent ; 9= Very loud]	6							
B. Did you use earplugs? [Yes/No]	Yes							
11. A. Your visual environment was... [1= Very dark; 9= Very bright]	7							
B. Did you use a sleep mask (or other) to cover your eyes? [Yes/No]	Yes							
12. Level of comfort overall? [1= Not at all comfortable; 9= Very comfortable]	7							
OTHER INFORMATION								
13. Total sleep duration last night? [HH:MM]	07:30							
14. Sleep quality last night: [1= Very poor; 5= Very good]	3							
15. A. Number of caffeinated beverages you had before your nap today (coffee, tea, soda, energy drinks)	2							
B. Time of last caffeinated drink: [HH:MM]	15:30							
16. A. Did you exercise before your nap today? [Yes/No]	Yes							
B. If so, for how long? [en min]	20							
C. At what time? [HH:MM]	09:30							

Sleep On It

Demystify sleep!

Propose solutions!

17. Comments or personal notes:

www.sleepnitcanada.ca