

# MS SLEEP DIARY

Use this diary to help you have discussions with your doctor. Fill it out for 7 consecutive days and be sure to bring it with you to your appointment.

Day # \_\_\_\_\_

1. What time did you go to bed in the evening? \_\_\_\_\_

2. What time did you wake up in the morning? \_\_\_\_\_

3. How long did it take to fall asleep?

0 mins-5 mins    15 mins    15 mins-30 mins    30 mins-1 hr    >1 hr

4. How many times did you wake up during the night?

0    1    2    3    4    More \_\_\_\_\_

5. Did you wake up earlier than you would have liked to?    Yes    No

6. Did you take a daytime nap?    Yes    No

7. What reasons, if any, may have caused your sleep problems today?

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