



Week 1/2 · One row in the morning, completed in the evening. Approximate dates and times are enough. No score to calculate.

How to fill it in: “bedtime” = the time you try to sleep, not necessarily when you fall asleep. Record your final wake-up time AND the time you get up if they differ. Record the awakenings you remember without watching the clock at night. Write “?” if you don't know.

Night / date	Bedtime: trying to sleep	Final wake-up / getting up	Awakenings you remember	On waking: rested / mixed / no	Daytime: alert, struggling to stay awake or dozing off?	Context: nap, work, illness, observed signs...
1 /						
2 /						
3 /						
4 /						
5 /						
6 /						
7 /						

Only record if relevant: nap, sedating medication, alcohol, unusual hours, snoring or pauses in breathing reported by someone close to you. This journal is neither a validated clinical test nor a diagnosis.

Drowsy while driving or during a risky activity? Get to safety, avoid driving and seek medical advice without waiting 14 days.



Week 2/2 · Same method. Focus on comparing workdays and days off, without aiming for a perfect night.

Reminder: how you feel in the morning and your daytime alertness complement the recorded times. Not remembering any awakenings does not prove there were no nighttime disturbances.

Night / date	Bedtime: trying to sleep	Final wake-up / getting up	Awakenings you remember	On waking: rested / mixed / no	Daytime: alert, struggling to stay awake or dozing off?	Context: nap, work, illness, observed signs...
8 /						
9 /						
10 /						
11 /						
12 /						
13 /						
14 /						

Things to discuss if the problem persists: when does the drowsiness occur? Do you still feel drowsy even when you allow enough time for sleep? Has someone close to you noticed pauses in your breathing? Bring this journal to your appointment.

If this tracking increases your anxiety, simplify it or stop. It does not replace a medical consultation.