Week 1

Dates from / to: _____

My own notes

Describe what you remember. Approximate times are fine. Leave fields blank or write “not sure.”

Date / day	Went to bed / got up	How did the night feel?	Sleepiness / daily activities the next day
Day 1 ___ / ___			
Day 2 ___ / ___			
Day 3 ___ / ___			
Day 4 ___ / ___			
Day 5 ___ / ___			
Day 6 ___ / ___			
Day 7 ___ / ___			

If a partner wants to contribute

Agree on what to share. Note only what your partner actually heard or saw, such as snoring or possible breathing pauses. A quiet night does not rule out sleep apnea.

Date	Who noticed what?	What was certain or uncertain?

Anything else I want to mention

For example, an unusual night, illness, or a change in routine. These notes do not establish the cause.

Discuss breathing pauses during sleep or significant daytime sleepiness with your healthcare provider. Do not delay that conversation to complete this sheet. The diary cannot diagnose or rule out sleep apnea.

Sources checked November 1, 2026

Week 2

Dates from / to: _____

My own notes

Describe what you remember. Approximate times are fine. Leave fields blank or write “not sure.”

Date / day	Went to bed / got up	How did the night feel?	Sleepiness / daily activities the next day
Day 8 ___ / ___			
Day 9 ___ / ___			
Day 10 ___ / ___			
Day 11 ___ / ___			
Day 12 ___ / ___			
Day 13 ___ / ___			
Day 14 ___ / ___			

If a partner wants to contribute

Agree on what to share. Note only what your partner actually heard or saw, such as snoring or possible breathing pauses. A quiet night does not rule out sleep apnea.

Date	Who noticed what?	What was certain or uncertain?

Anything else I want to mention

For example, an unusual night, illness, or a change in routine. These notes do not establish the cause.

Discuss breathing pauses during sleep or significant daytime sleepiness with your healthcare provider. Do not delay that conversation to complete this sheet. The diary cannot diagnose or rule out sleep apnea.

Sources checked November 1, 2026