

Sleep Diary

Preparing for your initial visit with your doctor may improve the discussion about your specific sleep problem and treatment options. This can help the doctor and you determine if you need to treat your sleep problem and if LUNESTA may be right for you. This Sleep Diary is not meant to be a diagnostic tool; it's simply a reference tool that helps you give information to your doctor.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
How long did it take you to fall asleep?	____ mins ____ hrs	____ mins ____ hrs	____ mins ____ hrs	____ mins ____ hrs	____ mins ____ hrs	____ mins ____ hrs	____ mins ____ hrs
How many times did you wake up during the night?							
How many hours were you awake last night?							
Overall, how many hours did you sleep?	____ hrs	____ hrs	____ hrs	____ hrs	____ hrs	____ hrs	____ hrs
Did you wake up earlier than expected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
On a scale of 1 to 5, how did you feel when you woke up?	<input type="checkbox"/> 1 - Groggy <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> 1 - Groggy <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> 1 - Groggy <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> 1 - Groggy <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> 1 - Groggy <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> 1 - Groggy <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed	<input type="checkbox"/> 1 - Groggy <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Refreshed
Next Day Function: On a scale of 1 to 5, how did you feel during the day?	<input type="checkbox"/> 1 - Fatigued <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic	<input type="checkbox"/> 1 - Fatigued <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic	<input type="checkbox"/> 1 - Fatigued <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic	<input type="checkbox"/> 1 - Fatigued <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic	<input type="checkbox"/> 1 - Fatigued <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic	<input type="checkbox"/> 1 - Fatigued <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic	<input type="checkbox"/> 1 - Fatigued <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - Energetic
Did you take any naps today?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rate your concentration and alertness today.	<input type="checkbox"/> 1 - Low <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - High	<input type="checkbox"/> 1 - Low <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - High	<input type="checkbox"/> 1 - Low <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - High	<input type="checkbox"/> 1 - Low <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - High	<input type="checkbox"/> 1 - Low <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - High	<input type="checkbox"/> 1 - Low <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - High	<input type="checkbox"/> 1 - Low <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 - High
Note the different triggers you experience each day of the week.	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

INSOMNIA TRIGGERS

These are things that can affect the way you sleep. Check the ones you've experienced this week.

Stress

- Family
- Work
- Finances
- Life Changes (e.g., menopause, death in the family, job change)
- Other _____

Diet

- Spicy foods
- Alcohol
- Caffeine
- Other _____

Lifestyle

- Exercise before bedtime
- Lack of exercise
- Smoking before bedtime
- Irregular schedule
- Jet lag
- Irregular or disrupted sleep cycles
- Other _____

Bedroom conditions

- Noise
- Light
- Temperature
- Bedding

Other

Lunesta® (eszopiclone) is a prescription sleep medicine used in adults for the treatment of a sleep problem called insomnia. Symptoms of insomnia include trouble falling asleep and waking up often during the night.

IMPORTANT SAFETY INFORMATION:

LUNESTA acts quickly, so take it right before bed, and only if you have 8 hours to devote to sleep. Until you know how you will react to LUNESTA, you should not drive or operate machinery. Call your doctor if your insomnia worsens or is not better within 7 to 10 days. This may mean that there is another condition causing your sleep problems. Walking, eating, driving or engaging in other activities while asleep without remembering it the next day have been reported. Other abnormal behaviors include aggressiveness, agitation, hallucinations and confusion. In depressed patients, worsening of depression including risk of suicide may occur. These risks may increase if you drink alcohol. Severe allergic reactions such as swelling of the tongue and throat occur rarely and may be fatal. Call your doctor if you experience these or any effects or reactions that concern you. LUNESTA, like most sleep medicines, carries some risk of dependency. Side effects may include unpleasant taste, headache, morning drowsiness and dizziness. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088. For more information, please see the LUNESTA Medication Guide available at www.lunesta.com.



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