Sleep Diary for the week of: _____

DAY of the WEEK
Which night is being reported on?

Put in MON, TUES, WED, etc

Sleep timing

1. I went to bed at *(clock time):* _____

QUESTION 1: Unless you are using a 24-hour clock system, make sure you put down A.M. or P.M. This will help you later when you are calculating how much time you spent in bed

2. I turned out the lights after *(minutes):*

QUESTION 2: This is the time between when you went to bed and when you turned out the lights, intending to go to sleep

3. I fell asleep in *(minutes):*

4. I woke up ___ time(s) during the night. *(number of awakenings):*

5. The total duration of these awakenings was *(minutes):*

For QUESTIONS 3, 4 and 5: It is difficult to measure these things, so just provide your best estimates.

6. After awakening for the last time, I was in bed for *(minutes):*

QUESTION 6: This is the time from when you wake up in the morning until you got out of bed to start the day

7. I got up at *(clock time):*

QUESTION 7: As for Question 1, unless you are using a 24-hour clock system, specify A.M. or P.M.

Sleep quality

The quality of my sleep was:
1=very poor; 10=excellent

Rate the overall quality of your sleep, from 1 to 10

Naps
Number, time and duration

Specify the time and duration of any naps you had. This includes all naps, including ones that were unintended (Example: you dozed off in front of the television)

Alcohol
Time, amount, type

Specify time, type and amount taken

Sleep Medication
Time, amount, type

Specify time, type and amount taken. Include anything you took to try to sleep, including prescribed medication, herbal products or something you bought at the drug store.

Notes:

Use this space to record things that might have affected your sleep like headache, unusual medication, sick with cold, stress etc.