

Sample

Sleep Diary

Name: _____

Today's Date	9/23/11							
1. How long and when did you nap or doze yesterday?	45 minutes 2:30 PM							
2. How much did poor sleep affect you yesterday?	0 = none to 5 = severe							
3. Name / dose of any sleep medication you took last night	Ambien 5 mg							
4. What time did you physically get into bed?	10:15 PM							
5. When did you start trying to go to sleep / turn off the light?	11:30 PM							
6. How long did it take you to fall asleep?	75 minutes							
7. How many times did you awake then go back to sleep?	3							
8. In total, how long did These (#7) awakenings last?	70 minutes							
9. When did you wake up and not fall back to sleep?	6:35 AM							
10. What time did you get out of bed for the day?	7:20 AM							
11. Time alarm was set or time you intended to awaken? N/A if neither.	8:00 AM							
12. From time to bed (#4) until up for the day (#10), how many minutes were you out of bed?	45 minutes							
13. How would you rate the quality of your sleep?	_ Very poor _ Poor _ Fair _ Good _ Very good	_ Very poor _ Poor _ Fair _ Good _ Very good	_ Very poor _ Poor _ Fair _ Good _ Very good	_ Very poor _ Poor _ Fair _ Good _ Very good	_ Very poor _ Poor _ Fair _ Good _ Very good	_ Very poor _ Poor _ Fair _ Good _ Very good	_ Very poor _ Poor _ Fair _ Good _ Very good	_ Very poor _ Poor _ Fair _ Good _ Very good
14. Comments, if applicable	I have a cold							