Sleep Diary

Name: _____
Week: _____ to _____

	Example	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1. Yesterday I napped from ____ to ____ (note times of all naps)	1:50 to 2:30 pm							
2. Yesterday I took ____ mg of medication and/or ____ oz. ____ of alcohol as a sleep aid	Halcion 0.125 mg							
3. Last night I went to bed and turned the lights off at ____ o'clock	11:15							
4. After turning the lights off, I fell asleep in ____ minutes	40 min							
5. My sleep was interrupted ____ times (specify number of nighttime awakenings)	3							
6. My sleep was interrupted for ____ minutes (specify duration of each awakening)	10 5 45							
7. This morning I woke up at ____ o'clock (note time of last awakening)	6:15							
8. This morning I got out of bed at ____ o'clock (specify the time)	6:40							
9. When I got up this morning I felt ____ (1=Exhausted 5=Refreshed)	2							
10. Overall, my sleep last night was ____ (1=Very Restless 5=Very Sound)	3							
11. Patient's total estimated sleep time.								