

Sleep Diary

Name: _____

Sample

Today's date	4/5/08							
In total, how long did you nap or doze yesterday?	n/a							
1. What time did you get into bed?	10:15 p.m							
2. What time did you try to go to sleep?	11:30 p.m							
3. How long did it take you to fall asleep?	1 hour 15 min.							
4. How many times did you wake up, not counting your final awakening?	3 times							
5. In total, how long did these awakenings last?	1 hour 10 min.							
6a. What time was your final awakening?	6:35 a.m.							
6b. Did you wake up earlier than you planned/desired?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
6c. If yes, how many minutes earlier?	30 min.							
7. What time did you get out of bed for the day?	7:20 a.m							
8. How would you rate the quality of your sleep?	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good
9. Comments (if applicable)	I have a cold							

Sleep Diary Instructions

What is a Sleep Diary? A sleep diary is designed to gather information about your daily sleep pattern.

How often and when do I fill out the sleep diary? It is necessary for you to complete your sleep diary every day. Ideally, the sleep diary should be completed within one hour of getting out of bed in the morning.

What should I do if I miss a day? If you forget to fill in the diary or are unable to finish it, leave the diary blank for that day.

What if something unusual affects my sleep or how I feel in the daytime? If your sleep or daytime functioning is affected by some unusual event (such as an illness, or an emergency) you may make brief notes on your diary.

What do the words “bed” and “day” mean on the diary? This diary can be used for people who are awake or asleep at unusual times. In the sleep diary, the word “day” is the time when you choose or are required to be awake. The term “bed” means the place where you usually sleep.

Will answering these questions about my sleep keep me awake? This is not usually a problem. You should not worry about giving exact times, and you should not watch the clock. Just give your best estimate.

Item Instructions

Use the guide below to clarify what is being asked for each item of the Sleep Diary.

Date: Write the date of the morning you are filling out the diary

In total, how long did you nap or doze? Estimate the total amount of time you spent napping or dozing, specifying if you are referring to hours or minutes. For instance, if you napped twice, once for 30 minutes and once for 60 minutes, and dozed for 10 minutes, you would answer “1 hour 40 minutes.” If you did not nap or doze, write “N/A” (not applicable). 1. *What time did you get into bed?* Write the time that you got into bed. This may not be the time that you began “trying” to fall asleep.

2. *What time did you try to go to sleep?* Record the time that you began “trying” to fall asleep.

3. *How long did it take you to fall asleep?* Beginning at the time you wrote in question 2, how long did it take you to fall asleep.

4. *How many times did you wake up, not counting your final awakening?* How many times did you wake up between the time you first fell asleep and your final awakening?

5. *In total, how long did these awakenings last?* What was the total time you were awake between the time you first fell asleep and your final awakening. For example, if you woke 3 times for 20 minutes, 35 minutes, and 15 minutes, add them all up ($20+35+15=70$ min or 1 hr and 10 min).

6a. *What time was your final awakening?* Record the last time you woke up in the morning.

6b. *Did you wake up earlier than you planned/desired?* If you woke up or were awakened earlier than you planned/desired, check yes. If you woke up at your planned time, check no.

6c. *If yes, how much earlier?* If you answered “yes” to question 6c, write the number of minutes you woke up earlier than you had planned/desired on waking up. For example, if you woke up 15 minutes before the alarm went off, record 15 minutes here.

7. *How would you rate the quality of your sleep?* “Sleep Quality” is your sense of whether your sleep was good or poor.

8. *Comments* Feel free to write anything that you would like to say that is relevant to your sleep.