

# Sleep Diary

Name: \_\_\_\_\_

|   |   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Today's Date  | <b>SAMPLE</b><br>4/5/11   |  |  |  |  |  |  |  |
| 1. What time did you get into bed?                                    | 10:15 PM  |  |  |  |  |  |  |  |
| 2. What time did you try to go to sleep?                              | 11:30 PM  |  |  |  |  |  |  |  |
| 3. How long did it take you to fall asleep?                           | 55 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 hr 10 min   |  |  |  |  |  |  |  |
| 6. What time was your final awakening?                                | 6:35 AM   |  |  |  |  |  |  |  |
| 7. What time did you get out of bed for the day?                      | 7:20 AM   |  |  |  |  |  |  |  |
| 8. How would you rate the quality of your sleep?                      | <input type="checkbox"/> Very poor<br><input checked="" type="checkbox"/> Poor<br><input type="checkbox"/> Good<br><input type="checkbox"/> Very good | <input type="checkbox"/> Very poor<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Good<br><input type="checkbox"/> Very good | <input type="checkbox"/> Very poor<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Good<br><input type="checkbox"/> Very good | <input type="checkbox"/> Very poor<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Good<br><input type="checkbox"/> Very good | <input type="checkbox"/> Very poor<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Good<br><input type="checkbox"/> Very good | <input type="checkbox"/> Very poor<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Good<br><input type="checkbox"/> Very good | <input type="checkbox"/> Very poor<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Good<br><input type="checkbox"/> Very good | <input type="checkbox"/> Very poor<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Good<br><input type="checkbox"/> Very good |
| 9. Comments   | I have a cold   |  |  |  |  |  |  |  |