Sleep Diary

Please fill out the week before your appointment.

Week of: _____

1. Nap times. Record times of all naps.

Example: 1:50 – 2:30 pm	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

2. Medication &/or alcohol as sleep aid.

Example: Halcion 0.125 mg	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

3. Time you went to bed.

Example: 11:15	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

4. Time it took to fall asleep.

Example: 40 min.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

5. Number of sleep interruptions.

Example: 3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

6. Sleep interruption times.

Example: 10 min.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

7. Wake up time.

Example: 6:15	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

8. Time you got out of bed.

Example: 6:40	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

9. How you felt when you got up. (Scale of 1 to 5 where 1=Exhausted and 5=Refreshed)

Example: 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

10. Overall sleep. (Scale of 1 to 5 where 1=Very Restless and 5=Very Sound)

Example: 3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday