

Sleep Diary

Today's Date:

- 1. What time did you get into bed last night?**
- 2. What time did you turn off the lights last night?**
- 3. How long did it take you to fall asleep?**
- 4. About how many times did you wake up during the night?**
- 5. Each time you woke up, for about how long did you stay awake?**

1st time:

2nd time:

3rd time:

4th time:

- 6. What was your final wake up time this morning?**
- 7. What time did you get out of bed?**
- 8. Approximately how many hours did you sleep last night?**
- 9. How many hours did you allow for sleep last night (time from "lights out," to "out of bed.")?**

10. Rate the quality of last night's sleep:

1 2 3 4 5
excellent ← -----→ poor

11. Did you take any sleep medications? (If yes, how much?)