

SINK INTO SLEEP

SLEEP DIARY

Sleep Diary for the Week of: _____

Bedtime: _____

Rise Time: _____

| DAY of the WEEK <i>Which night is being reported on?</i> | | | | | | | |
|-------------------------------------------------------------|--------------------------------------------------------------------------------|--|--|--|--|--|--|
| SLEEP TIMING | 1. I went to bed at <i>(clock time)</i> : | | | | | | |
| | 2. I turned out the lights after <i>(minutes)</i> : | | | | | | |
| | 3. I fell asleep in <i>(minutes)</i> : | | | | | | |
| | 4. I woke up ____ time(s) during the night. <i>(number of awakenings)</i> : | | | | | | |
| | 5. The total duration of these awakenings was <i>(minutes)</i> : | | | | | | |
| | 6. After awakening for the last time, I was in bed for <i>(minutes)</i> : | | | | | | |
| | 7. I got up at <i>(clock time)</i> : | | | | | | |
| SLEEP QUALITY | The quality of my sleep was: <i>1 = very poor; 10 = excellent</i> | | | | | | |
| | Naps <i>Number, time, and duration</i> | | | | | | |
| | Alcohol <i>Time, amount, and type</i> | | | | | | |
| | Sleep Medication <i>Time, amount, and type</i> | | | | | | |
| Notes: | | | | | | | |