Sleep Diary*

GENERAL INSTRUCTIONS FOR PATIENT

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

How often and when do I fill out the sleep diary? Complete your sleep diary every day and it is best to complete it within one hour of getting out of bed in the morning.

What should I do if I miss a day? If you forget or are unable to finish recording each section, 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) make a note in the "comments" section of your diary.

What do the words "bed" and "day" mean on the diary? This diary is for people who are awake or asleep at unusual times. The word "day" means the time of day when you choose or must wake up. 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. Do not worry about exact times and do not watch the clock. Just provide your best estimate.

ITEM INSTRUCTIONS

Use the guide below to help you fill in each item of the Sleep Diary.

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

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

What time did you try to go to sleep? Record the time that you began "trying" to fall asleep

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.

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?

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 hour and 10 min).

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

What time did you get out of bed for the day? What time did you get out of bed with no further attempt at sleeping? This may be different from your final awakening time (e.g., you may have woken up at 6:35 a.m. but did not get out of bed to start your day until 7:20 a.m.)

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

Comments: If you have anything that you would like to say that is relevant to your sleep, write it here.

Sleep Diary*

ID/Name: _____

Today's date							
1. What time did you get into bed?							
2. What time did you try to go to sleep?							
3. How long did it take you to fall asleep?							
4. How many times did you wake up, not counting your final awakening?							
5. In total, how long did these awakenings last?							
6. What time was your final awakening?							
7. What time did you get out of bed for the day?							
8. How would you rate the quality of your sleep?	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good
9. Comments (if applicable)							

Toward Optimized Practice

Sleep Diary*

ID/Name: _____

Today's date							
1. What time did you get into bed?							
2. What time did you try to go to sleep?							
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4. How many times did you wake up, not counting your final awakening?							
5. In total, how long did these awakenings last?							
6. What time was your final awakening?							
7. What time did you get out of bed for the day?							
8. How would you rate the quality of your sleep?	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good
9. Comments (if applicable)							

Toward Optimized Practice

Sleep Diary*

ID/Name: _____

Today's date							
1. What time did you get into bed?							
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5. In total, how long did these awakenings last?							
6. What time was your final awakening?							
7. What time did you get out of bed for the day?							
8. How would you rate the quality of your sleep?	❑ Very poor ❑ Poor ❑ Fair ❑ Good	❑ Very poor ❑ Poor ❑ Fair ❑ Good	❑ Very poor ❑ Poor ❑ Fair ❑ Good	❑ Very poor ❑ Poor ❑ Fair ❑ Good	❑ Very poor ❑ Poor ❑ Fair ❑ Good	❑ Very poor ❑ Poor ❑ Fair ❑ Good	❑ Very poor ❑ Poor ❑ Fair ❑ Good
9. Comments (if applicable)							

Toward Optimized Practice