Sleep Diary

Name: _____ **Date:** _____

Please start writing down your sleep patterns as soon as possible. Bring this sleep diary with you to your appointment.

Important: Be as specific as possible as to the time you get in and out of bed. If you slept at all during the day (even if it was only for a few minutes) write this down as napping.

Date	How long did you sleep during the day (naps)?	List any sleep medicines used (name and how much)	What time did you get into bed?	How long did it take to fall asleep (estimate)?	How many times did you wake up, and for how long in total?	What time did you get out of bed for the day?	How many hours did you sleep last night (estimate)?	Rate how you feel today from 1 to 10. 1 = poor 10 = good
8/28	*10 minutes*	*none*	*11:15 p.m.*	*45 minutes*	*3*	*6:05 a.m.*	*5 hours*	*3*

(over)

Date	How long did you sleep during the day (naps)?	List any sleep medicines used (name and how much)	What time did you get into bed?	How long did it take to fall asleep (estimate)?	How many times did you wake up, and for how long in total?	What time did you get out of bed for the day?	How many hours did you sleep last night (estimate)?	Rate how you feel today from 1 to 10. 1 = poor 10 = good
8/28	*10 minutes*	*none*	*11:15 p.m.*	*45 minutes*	*3*	*6:05 a.m.*	*5 hours*	*3*

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