Sleep Diary for the week of: _____

Bedtime: _____   **Rise Time:** _____

DAY of the WEEK *Which night is being reported on?*							

Sleep timing

1. I went to bed at *(clock time)*:							
2. I turned out the lights after *(minutes)*:							
3. I fell asleep in *(minutes)*:							
4. I woke up ___ time(s) during the night. *(number of awakenings)*:							
5. The total duration of these awakenings was *(minutes)*:							
6. After awakening for the last time, I was in bed for *(minutes)*:							
7. I got up at *(clock time)*:							

Sleep quality

The quality of my sleep was: *1=very poor; 10=excellent*							

Naps *Number, time and duration*							
Alcohol *TIme, amount, type*							
Sleep Medication *TIme, amount, type*							

Notes:							

From www.sinkintosleep.com | Dr. Judith Davidson