

Initials: _____

Date: _____

Morning Sleep Diary



1) What time did you get into bed? _____:_____

Was this a normal/typical time to go to bed for you? _____ Yes _____ No

If no, what is a normal/typical time for you? _____:_____

2) What time did you try and go to sleep? _____:_____

3) How long did it take you to fall asleep? _____ Hours _____ Min

4) How many times did you wake up, not counting your final awakening? _____ Times

5) How much time did you spend awake during the night – in bed? _____ Hours _____ Min

6) How much time did you spend awake during the night– out of bed? _____ Hours _____ Min

7) What time was your final awakening? _____:_____

8) How long were you continuously awake before getting out of bed? _____ Hours _____ Min

9) How much sleep did you get last night? _____ Hours _____ Min

10) What time did you get out of bed for the day? _____:_____

Was this a normal/typical time to get out of bed for you? _____ Yes _____ No

If no, what is a normal/typical time for you? _____:_____

11) Last night did you have problems falling or staying asleep? _____ Yes _____ No

<i>If yes, which of the below were related to your problem falling or staying asleep?</i>	1 (a little)	2	3	4	5 (a lot)
No particular reason (just awake)					
Felt anxious or wound up					
Worried about not sleeping					
Worried about family issues					
Worried about work					
Felt physically uncomfortable (discomfort, illness, or pain)					
House noise (heater/AC, water pipes, etc.)					
Outside noise (cars, aircraft, street lights, etc.)					
Bed partner/pet (tossing, snoring, awake, etc.)					
Bed partner/pet absent					
Felt unsafe and needed to be vigilant					

12) Last night I experienced one or more of the following symptoms:	Yes	No
Just could not slow down my thoughts		
Just could not physically relax		
Just couldn't fall or stay asleep		
I woke up with headaches in the morning		
I woke up with a dry mouth in the morning (cotton mouth)		
I snored		
My snoring was so loud, it woke me up		
I woke up choking or gasping for air		
I had uncomfortable sensations in my legs		
In the evening my legs felt "restless"		
I had to get up and walk around		
Last night, I had one or more nightmares, particularly in the first ½ of the night		
Last night, I had one or more nightmares, particularly in the 2 nd ½ of the night		
Last night, for no reason, I awakened suddenly, startled and feeling afraid		
Last night, I was told that I walked, talked, ate, or acted strangely or violently while sleeping		

13) Last night my sleep was much better or worse than usual: _____ Worse _____ Usual _____ Better

If your sleep was different (worse or better), what might account for this? _____

14) Regarding last night, how would you rate your sleep quality? Very good__ Fairly good__ Fairly bad __Very bad__