Sample Sleep Diary Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_**\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s Date | 9/23/11 |  |  |  |  |  |  |  |
| 1. How long and when did you nap or doze yesterday? | 45 minutes  2:30 PM |  |  |  |  |  |  |  |
| 2. How much did poor sleep affect you yesterday? | 0 = none to  10 = severe |  |  |  |  |  |  |  |
| 3. Name / dose of any sleep medication you took last night | Ambien  5 mg |  |  |  |  |  |  |  |
| 4. What time did you physically get into bed? | 10:15 PM |  |  |  |  |  |  |  |
| 5. When did you start trying to go to sleep / turn off the light? | 11:30 PM |  |  |  |  |  |  |  |
| 6. How long did it take you to fall asleep? | 75  minutes |  |  |  |  |  |  |  |
| 7. How many times did you awake ***then*** go back to sleep? | 3 |  |  |  |  |  |  |  |
| 8. In total, how long did  These (#7) awakenings last? | 70  minutes |  |  |  |  |  |  |  |
| 9. When did you wake up and ***not*** fall back to sleep? | 6:35 AM |  |  |  |  |  |  |  |
| 10. What time did you get  out of bed for the day? | 7:20 AM |  |  |  |  |  |  |  |
| 11. Time alarm was set or time you intended to awaken? N/A if neither. | 8:00 AM |  |  |  |  |  |  |  |
| 12. From time to bed (#4) until up for the day (#10), how many minutes were you out of bed? | 45 minutes |  |  |  |  |  |  |  |
| 13. How would you rate the quality of your sleep? | \_ Very poor  \_ Poor  \_ Fair  \_ Good  \_ Very good | \_ Very poor  \_ Poor  \_ Fair  \_ Good  \_ Very good | \_ Very poor  \_ Poor  \_ Fair  \_ Good  \_ Very good | \_ Very poor  \_ Poor  \_ Fair  \_ Good  \_ Very good | \_ Very poor  \_ Poor  \_ Fair  \_ Good  \_ Very good | \_ Very poor  \_ Poor  \_ Fair  \_ Good  \_ Very good | \_ Very poor  \_ Poor  \_ Fair  \_ Good  \_ Very good | \_ Very poor  \_ Poor  \_ Fair  \_ Good  \_ Very good |
| 14. Comments, if applicable | I have a cold |  |  |  |  |  |  |  |

**Sleep Diary Instructions Diary created by James Findley, PhD, DBSM, FAASM**

**How often and when do I fill out the sleep diary?** It is necessary for you to complete your sleep diary every day. Ideally, the sleep diary should be completed within one hour of getting out of bed in the morning.

**What should I do if I miss a day?** If you forget to fill in the diary or are unable to finish it, 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) you may make brief notes on your diary.

**What do the words “bed” and “day” mean on the diary?**  In the sleep diary, the word “day” is the time when you choose or are required to be awake. 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. You should not worry about giving exact times, and you should not watch the clock. Just give your best estimate.

***Item Instructions***

Use the guide below to clarify what is being asked for each item of the Sleep Diary.

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

*1. In total, how long did you nap or doze*? Estimate the time you spent napping or dozing and the time of day when these events occurred. If you did not nap or doze, write “N/A” (not applicable). Include the time of the nap(s).

*2. How much did poor sleep affect you yesterday?*Many things can affect daytime functioning, such as stress, illness, etc. Thinking about how you feel after a bad night as compared to a good night, how much impact do you think poor sleep had on you yesterday?

*3. Name / dose any of any sleep medication you took last night.* Include prescription and non-prescription medications, but only those specifically for sleep.

*4. What time did you get into bed?* Write the time that you physically got into bed. This may or may not be the same time that you began “trying” to fall asleep.

*5. What time did you try to go to sleep?* Record the time that you began “trying” to fall asleep (e.g., lights out, TV show is over).

*6. How long did it take you to fall asleep?* Beginning at the time you wrote in question 5, how long did it take you to fall asleep.

*7. How many times did you wake up, not counting your final awakening?* How many times did you wake up, then fall back to sleep, after you first fell asleep and not counting your final awakening (when you did not fall back to sleep)?

*8. 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 hr and 10 min).

*9. What time was your final awakening?* Record the time you woke up the last time and did not fall back to sleep.

*10*. *What time did you get out of bed for the day?* When did you get out of bed (not when did you wake up) and not return to bed.

*11*. For what time was your alarm set or time you intended to awaken? N/A if neither. If you did not set an alarm, was there a time you intended to wake up today? If not applicable, write n/a.

*12*. *Between the time you* physically *got in bed the first time (#1) and got out of bed the last time (#7), how many minutes were you out of bed (*if at all). For example, during awakenings (#5), if you left the bedroom and read for awhile, how long were you up? Don’t count brief trips to the bathroom.

*13. How would you rate the quality of your sleep?* “Sleep Quality” is your sense of whether your sleep was good or poor. People often consider factors like depth of sleep, time awake, how long it took to fall asleep, etc., when rating sleep quality.

*14*. *Comments.* Feel free to write anything that you would like to say that is relevant to your sleep