

**Stanford Sleep Health and Insomnia Program**  
**Department of Psychiatry and Behavioral Sciences**  
**(650) 498-9111**

**SLEEP DIARY** (Please complete each morning)      **Name:** \_\_\_\_\_

Today's Date        /  /          /  /          /  /          /  /          /  /          /  /  

		<b>Medication</b>	<b>Medication</b>	<b>Medication</b>	<b>Medication</b>	<b>Medication</b>	<b>Medication</b>	<b>Medication</b>
1	Did you take any over-the counter, prescription medicine or alcohol to help you sleep?	Dose: Taken at:	Dose: Taken at:	Dose: Taken at:	Dose: Taken at:	Dose: Taken at:	Dose: Taken at:	Dose: Taken at:
2	What time did you get into bed?							
3	Read or TV What time did you try to go to sleep?	Read    TV	Read    TV	Read    TV	Read    TV	Read    TV	Read    TV	Read    TV
4	How long did it take you to fall asleep?	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes
5	How many times did you wake up, not counting your final awakening?	_____ time(s)	_____ time(s)	_____ time(s)	_____ time(s)	_____ time(s)	_____ time(s)	_____ time(s)
6	In total, how long did these awakenings last?	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes
7a	Did you wake up earlier than you planned to wake up?	Yes    No	Yes    No	Yes    No	Yes    No	Yes    No	Yes    No	Yes    No
7b	If so, by how much?	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes
8	What time was your final awakening?							
9	What time did you get out of bed for the day?							
10	In total, how long did you sleep?	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes
11	How would you rate the quality of your sleep? (1 = very poor...5 = very good)							
12	How rested or refreshed did you feel when you woke up for the day? ( 1= not at all rested... 4 = well rested)							
13	In total, how long did you nap or doze yesterday?	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes	_____ hour(s) _____ minutes
14	Comments, if applicable							