

Stanford Sleep Health and Insomnia Program SLEEP DIARY (Please complete each morning)

Name: _____

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

1	Did you take any over-the-counter, prescription medicine or alcohol to help you sleep?	Medication Dose: Taken at:	Medication Dose: Taken at:	Medication Dose: Taken at:	Medication Dose: Taken at:	Medication Dose: Taken at:	Medication Dose: Taken at:	Medication Dose: Taken at:
2	What time did you get into bed?	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.
3	Read or TV What time did you try to go to sleep?	Read TV ___:___ a.m. ___:___ p.m.	Read TV ___:___ a.m. ___:___ p.m.	Read TV ___:___ a.m. ___:___ p.m.	Read TV ___:___ a.m. ___:___ p.m.	Read TV ___:___ a.m. ___:___ p.m.	Read TV ___:___ a.m. ___:___ p.m.	Read TV ___:___ a.m. ___:___ p.m.
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?							
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? If so, by how much	<input type="radio"/> Yes <input type="radio"/> No ___ hour(s) ___ minutes	<input type="radio"/> Yes <input type="radio"/> No ___ hour(s) ___ minutes	<input type="radio"/> Yes <input type="radio"/> No ___ hour(s) ___ minutes	<input type="radio"/> Yes <input type="radio"/> No ___ hour(s) ___ minutes	<input type="radio"/> Yes <input type="radio"/> No ___ hour(s) ___ minutes	<input type="radio"/> Yes <input type="radio"/> No ___ hour(s) ___ minutes	<input type="radio"/> Yes <input type="radio"/> No ___ hour(s) ___ minutes
8	What time was your final awakening?	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.
9	What time did you get out of bed for the day?	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.	___:___ a.m. ___:___ p.m.
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							