

Sample Sleep Diary

Name

Example

Complete in the Morning	Today's date	Mon, 4/10/2010							
	Time I went to bed last night	11 p.m.							
	Time I woke up this morning	7 a.m.							
	No. of hours slept last night	8							
	Number of awakenings and total time awake last night	5 times							
	How long I took to fall asleep last night	30 mins.							
	Medications taken last night	None							
	How awake did I feel when I got up this morning: 1—Wide awake 2—Awake but a little tired 3—Sleepy	2							
	Complete in the Evening	Number of caffeinated drinks (coffee, tea, soda) and time when I had them	1 drink at 8 p.m. today						
Number of alcoholic drinks 2 drinks (beer, wine, liquor) and time when I had them		2 drinks 9 p.m. today							
Nap times and lengths today		3:30 p.m. 45mins.							
Exercise times and lengths today		None							
How sleepy did I feel during the day today: 1—So sleepy had to struggle to stay awake during much of the day 2—Somewhat tired 3—Fairly alert 4—Wide awake		1							

Do You Think You Have a Sleep Disorder?

www.restfulsleep.com.au/wehelp.html