

Sleep diary

Name: _____

Commencement date: _____

Please answer all of the following questions shortly after getting out of bed each morning:

	Example	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Average
1. How many minutes did you nap yesterday?	40 minutes								
2. At what time did you try to fall asleep last night (last attempt)?	10.00 pm								
3. How long do you think it took you to fall asleep last night?	60 minutes								
4. How many times do you recall waking up last night?	2								
5. How much time do you think you spent awake in total during these awakenings?	90 minutes								
6. About what time was it when you finished sleeping for the night?	5.30 am								
7. At what time did you finally get out of bed this morning?	6.00 am								
8. How rested did you feel this morning? Not at all (= 1) to very rested (= 5)	3								
9. What sleep aids did you take last night (including alcohol)?	a) beer b) Stilnox ER c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	
10. What was the total dosage/quantity of these sleep aids?	a) 12.5 mg b) 2 c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	a) b) c)	

*Average = total for seven days ÷ seven