

**Sleep Diary**

Name: \_\_\_\_\_

	First day	Second day	Third day	Fourth day
<b>Complete in morning</b>	Bedtime (date/time)	<i>10:45 p.m. (4/10)</i>		
	Rise time (date/time)	<i>7:00 a.m. (4/11)</i>		
	Estimated time to fall asleep	<i>30 minutes</i>		
	Estimated number of awakenings and total time awake	<i>5 times 2 hours</i>		
	Estimated amount of sleep obtained	<i>4 hours</i>		
	<b>Complete at bedtime</b>	Naps (number, time and duration)	<i>1 at 3:30 p.m. 45 minutes</i>	
Alcoholic drinks (number and time)		<i>1 drink at 8:00 p.m. 2 drinks at 9:00 p.m.</i>		
List stresses of the day		<i>Flat tire Argued with son</i>		
Rate how you felt today 1 = Very tired/sleepy 2 = Somewhat tired/sleepy 3 = Fairly alert 4 = Wide awake		<i>2</i>		
Irritability level 1 = None 2 = Some 3 = Moderate 4 = Fairly high 5 = High		<i>5</i>		
Medications				

FIGURE 1. Sample sleep diary for use in patients with insomnia. The diary provides a night-to-night account of the patient's sleep schedule and perception of sleep.