

Sleep Diary

Name: _____

| | First day | Second day | Third day | Fourth day |
|---|---|---|--------------------------------------|------------|
| Complete in morning | 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> | | |
| | Complete at bedtime | 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.