



Name: _____

Sleep Diary for Week of _____

	Example	Monday	Tuesday	Wednes.	Thursday	Friday	Saturday	Sunday
I napped from _____ 'til _____ today (note all times).	1:00 PM 2:15 PM							
I drank _____ cups of coffee, tea, and soda today.	5							
I drank my last cup of coffee, tea, or soda at _____ o'clock.	4:30 PM							
I drank _____ alcoholic drinks (beer, wine, and liquor) today.	3							
I drank my last alcoholic drink at _____ o'clock.	9:30 PM							
I took _____ mg of _____ medication as a sleep aid.	10 mg Ambien							
Complete sections below the following day after awakening.								
I went to bed at _____ o'clock and lights out at _____ o'clock.	10:30 PM 11:15 PM							
After turning lights out, I fell asleep in _____ minutes.	45							
I woke up _____ times during my sleep.	3							
I was awake for _____ minutes each time I woke up (note each time).	25, 40, 35							
I got out bed _____ time(s).	1							
I woke up at _____ o'clock for the last time.	7:15							
I got out of bed for the last time at _____ o'clock.	7:35							
Overall, last night my sleep was... (1 = very restless, 5 = very sound)	2							
When I got up this morning I felt... (1 = exhausted, 5 = refreshed)	2							