

Sleep Diary

Name: _____

Please fill out this sleep diary every morning about 30 minutes after getting up. Guess the approximate times. Do not worry if your figures are not exactly correct. We are interested in your opinion of how you slept.

	Day 1 __/__/__	Day 2 __/__/__	Day 3 __/__/__	Day 4 __/__/__	Day 5 __/__/__	Day 6 __/__/__	Day 7 __/__/__
How many minutes did you nap or doze yesterday?							
1. What time did you get into bed last night?							
2. What time did you try to go to sleep last night? (i.e., when was “lights out”?)							
3. After lights out, about how many minutes did it take you to fall asleep?							
4. How many times did you wake up during the night (not including your final awakening)?							
5. In total, how many minutes were you awake during the night? (Count only the time after you fell asleep).							
6a. What time was your final awakening? 6b. Did you wake up earlier than you planned? 6c. If yes, how many minutes earlier?							
7. What time did you get out of bed this morning?							
8. How would you rate the quality of your sleep?	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good
Comments:							