

SLEEP DIARY
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NAME: _____

WEEK: _____ to _____

	Example	Mon	Tues	Wed	Thu	Fri	Sat	Sun
1. Yesterday, I napped from _____ to _____ (note the times of all naps)	<i>1:50 to 2:30 pm</i>							
2. Yesterday, I took _____ mg of medication and/or _____ oz of alcohol as a sleep aid.	<i>Ambien 5 mg</i>							
3. Last night, I went to bed and turned the lights off at _____ o'clock.	<i>11:15</i>							
4. After turning the lights out, I fell asleep in _____ minutes.	<i>40 min</i>							
5. My sleep was interrupted _____ times. (specify number of nighttime awakenings)	<i>3</i>							
6. My sleep was interrupted for _____ minutes. (specify duration of each awakening)	<i>10 5 45</i>							
7. This morning, I woke up at _____ o'clock. (note time of last awakening)	<i>6:15</i>							
8. This morning, I got out of bed at _____ o'clock. (specify the time)	<i>6:40</i>							
9. When I got up this morning I felt _____ (1 = exhausted, 5 = refreshed)	<i>2</i>							
10. Overall, my sleep last night was _____ (1 = very restless, 5 = very sound)	<i>3</i>							

