

Sleep diary

Name: _____

Date							
Time you went to bed							
Lights out							
Time to fall asleep (min)							
Number of awakenings							
Total time awake (min)							
Time you woke up							
Time you got out of bed							
Daytime naps							
Sleep medication (name and dose)							
Alcohol, caffeine, nicotine							
Sleep quality (0-4)							
Daytime wellbeing (0-4)							

Instructions: Fill the diary in every morning, ideally within an hour of getting up; add the evening entries before you go to sleep. Do not check the time during the night, your estimate is enough. Rate sleep quality and wellbeing from 0 (very poor) to 4 (very good). In "Sleep medication" write the name and the dose, and in "Alcohol, caffeine, nicotine" how much and at what time.