Sleep Diary*

ID/Name: _____

Today's date							
1. What time did you get into bed?							
2. What time did you try to go to sleep?							
3. How long did it take you to fall asleep?							
4. How many times did you wake up, not counting your final awakening?							
5. In total, how long did these awakenings last?							
6. What time was your final awakening?							
7. What time did you get out of bed for the day?							
8. How would you rate the quality of your sleep?	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good	❑Very poor ❑Poor ❑Fair ❑Good
9. Comments (if applicable)							

Toward Optimized Practice

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Research use requires permission from the first author. Carney CE et al. Sleep 2012;35(2):287-302.