Sleep Diary

My Name _____ _____

MORNING Date →	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
I went to bed (Give clock time) *please complete the night before*	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm
I fell asleep (you can guess, do not watch the clock at night to answer this one)	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm
I woke up for the day (Give clock time)	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm
I got out of the bed for the day (give clock time)-this may be the same as the time you woke up	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm	__:__ am / pm
How many times did you hit the "snooze" button on your alarm?										
How many times did you wake up last night? (number)										
How long were you awake after first falling asleep (minutes)										
How many naps did you take yesterday (number)?										
How long did your naps last (total number of minutes)										
How many caffeinated beverages did you drink yesterday?										
Rate your _Sleep Quality_ last night 1. very poor 2. poor 3. OK 4. good 5. very good										
Rate your _Sleep Quantity_ last night 1. very inadequate 2. inadequate 3. about right 4. too much										
I woke up _feeling refreshed_ 1. no 2. somewhat 3. a little 4. yes 5. Very										
I had any alcohol last night 1. yes 2. No										
On a scale from 1-10, how do you feel this morning? 1 = "so tired I want to go back to bed" 10 = "I woke up feeling great"										
Did you wake up before your alarm today? 1. yes 2. no										
I felt like I was at the right temperature for sleeping last night 1. yes 2. for most of the night 3. for only a small part of the night 4. not at all.										