

Sleep Diary

Name: _____

Week: _____ to _____

	Example	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1. Yesterday, I napped from ___ to ___ (Note the times of all naps)	1:50 to 2:30							
2. Yesterday, I took ___ mg of medication and/or ___ oz ___ of alcohol as sleep aid								
3. Last night, I went to bed and turned the lights off at ___ o'clock	11:15							
4. After turning the lights off, I fell asleep in ___ minutes	40 min							
5. My sleep was interrupted ___ times (Specify number of nighttime awakenings)	2							
6. My sleep was interrupted for ___ minutes (Specify duration of each awakening)	10 45							
7. This morning, I woke up at ___ o'clock (Note time of last awakening)	6:15							
8. This morning, I got out of bed at ___ o'clock (Specify the time)	6:40							
9. When I got up this morning I felt ___ (1= Exhausted 2= Fair 3= Refreshed)	2							
10. Overall, my sleep last night was ___ (1= Restless 2= Fair 3= Very Sound)	3							

Morin, C.M. 1993. *Insomnia: Psychological assessment and management*. New York: Guilford Press.

