

Name: _____

Sleep Diary - MORNING

Beginning at Session # _____

Please answer all of the following questions shortly after getting out of bed each morning:

Today's Date:	Ex. 1/29/12							
1. What time did you get into bed?	11:00 pm							
2. What time did you try to go to sleep (last attempt)?	11:30 pm							
3. How long did it take you to fall asleep?	30 min							
4. How many times did you wake up, not counting your final awakening?	3							
5. In total, how long did these awakenings last?	60 min							
6a. What time was your final awakening?	5:00 am							
6b. After you finally awoke, how long did you stay in bed trying to sleep?	30 min							
6c. Did you wake up earlier than you planned?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What time did you get out of bed for the day?	5:30 am							
8. In total, how long did you sleep?	4 ½ hours							
9. How would you rate the quality of your sleep?	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good
10. How rested or refreshed did you feel when you woke up for the day?	<input type="checkbox"/> Not at all <input checked="" type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested

Evening ->

Evening ->

Evening ->

Evening ->

Evening ->

Evening ->

Evening ->

Evening ->

