

Sleep Diary Instructions

- You will be collecting some important information on your sleep patterns. You and I will use this information to understand your sleep problem and to measure your progress at improving your sleep.
 - After you wake up in the morning, please answer all 10 questions. It is important that you complete the diary *every morning*, when it is freshest in your memory.
 - It is often difficult to estimate the duration of wakefulness (numbers 3 and 4), so just provide your best *estimates*. Do not watch the clock!
 - If there is an unusual event (e.g., illness, emergency, phone call) that may have affected your sleep, please make a note of it, indicating the date.
 - The **DAY** and **DATE** refer to the morning that you are filling in the information. For example, DAY: Tuesday DATE: October 27, 2014 would head the column for information on Monday night's sleep.
1. *Napping*: This should include all naps even those which are not intentional. For example, if you dozed off in front of the television for 10 minutes, include this as a nap. Please specify A.M. or P.M.
 2. *Bedtime*: This is the time that you go to bed and actually turn the lights off. If you go to bed at 10:45 but turn the lights off at 11:15, these are the times that you would write in the spaces.
 3. *Sleep-Onset Latency*: Provide an estimate of how long it took you to fall asleep after you turned the lights off and intended to go to sleep.
 4. *Number and Duration of Awakenings*: Please estimate how many times you woke up during the night and then estimate how many minutes you were awake for each awakening. If this is difficult, then estimate the number of minutes you spent for all awakenings combined. This should not include your very last awakening in the morning, as this will be logged in number 7.
 5. *Morning Awakening*: This is the very last time you woke up in the morning. If you woke up at 4:00 and never went back to sleep, you would write 4:00 A.M. in this space. However, if you woke up at 4:00 and never went back to sleep for a brief period of time, for example, from 6:00 to 6:20, then your last awakening would be 6:20 A.M.
 6. *Out- of- Bed Time*: This is the time you actually got out of bed for the day.
 7. *Rested Feeling upon Arising*: Please use the following 5-point scale:
1=Exhausted; 2=Tired; 3=Average; 4=Rather refreshed; 5=Very refreshed
 8. *Sleep Quality*: Please use the following 5-point scale:
1=Very restless; 2=Restless; 3=Average quality; 4=Sound; 5=Very Sound
 9. *Alcohol*: Specify time, type and amount taken (yesterday).
 10. *Sleep Medication*: Include both prescribed and over-the-counter medications. Specify time, type and amount taken (yesterday or during the night).

[Sleep diary instructions, June 2007]