### **Sleep Diary Instructions**

#### **General Instructions**

What is a Sleep Diary? A sleep diary is designed to gather information about your daily sleep pattern.

How often and when do I fill out the sleep diary? It is necessary for you to complete your sleep diary <u>every</u> <u>day</u>. If possible, the sleep diary should be completed within one hour of getting out of bed in the morning.

What should I do if I miss a day? If you forget to fill in the diary or are unable to finish it, leave the diary blank for that day.

What if something unusual affects my sleep or how I feel in the daytime? If your sleep or daytime functioning is affected by some unusual event (such as an illness, or an emergency) you may make brief notes on your diary.

What do the words "bed" and "day" mean on the diary? This diary can be used for people who are awake or asleep at unusual times. In the sleep diary, the word "day" is the time when you choose or are required to be awake. The term "bed" means the place where you usually sleep.

Will answering these questions about my sleep keep me awake? This is not usually a problem. You should not worry about giving exact times, and you should not watch the clock. Just give your best estimate.

#### Item Instructions

Use the guide below to clarify what is being asked for each item of the Sleep Diary

Date and Day of the Week: Write the date/day of the morning you are filling out the diary

1. Yesterday I napped from \_\_\_\_\_ to \_\_\_\_ (note time of all naps). Write the times of each nap you took.

2. Last night I took \_\_\_\_ mg of \_\_\_\_ or \_\_\_\_ of alcohol as a sleep aid. Write doses of any sleep aids you took.

*3. What time did you get into bed?* Write the time that you got into bed. This may not be the time you began "trying" to fall asleep.

4. What time did you try to go to sleep? Record the time that you began "trying" to fall asleep.

5. How long did it take you to fall asleep? Beginning at the time you wrote in question 2, how long did it take you to fall asleep.

6. How many times did you wake up, not counting your final awakening? How many times did you wake up between the time you first fell asleep and your final awakening?

7. In total, how long did these awakenings last? What was the total time you were awake between the time you first fell asleep and your final awakening. For example, if you woke 3 times for 20 minutes, 35 minutes, and 15 minutes, add them all up (20+35+15= 70 min or 1 hr and 10 min).

8. What time was your final awakening? Record the last time you woke up in the morning.

9. What time did you get out of bed for the day? What time did you get out of bed with no further attempt at sleeping? This may be different from your final awakening time (e.g. you may have woken up at 6:35 a.m. but did not get out of bed to start your day until 8:20 a.m.)

10. How would you rate the quality of your sleep? "Sleep Quality" is your sense of whether your sleep was good or poor.

# **SLEEP DIARY**

SAMPLE							
Monday							
3/18/13							
1:30-2:45 PM							
Ambien 5 mg.							
11:00 PM							
11:30 PM							
40 Min.							
2 Times							
1 hour 10 min.							
6:30 AM							
7:15 AM							
3							
2							
	Monday 3/18/13 1:30-2:45 PM Ambien 5 mg. 11:00 PM 11:30 PM 40 Min. 2 Times 1 hour 10 min. 6:30 AM 7:15 AM 3	Monday    3/18/13    1:30-2:45    PM    Ambien 5    mg.    11:00 PM    11:30 PM    40 Min.    2 Times    1 hour    10 min.    6:30 AM    7:15 AM	Monday  Image: Monday    3/18/13  Image: Monday    1:30-2:45  PM    Ambien 5  Image: Monday    Ambien 5  Image: Monday    11:00 PM  Image: Monday    11:00 PM  Image: Monday    40 Min.  Image: Monday    2 Times  Image: Monday    1 hour  Image: Monday    10 min.  Image: Monday    6:30 AM  Image: Monday    3  Image: Monday	Monday  3/18/13    3/18/13  1:30-2:45    PM  2    Ambien 5  1    mg.  1    11:00 PM  1    40 Min.  1    2 Times  1    1 hour  1    10 min.  1    6:30 AM  1    3  1	Monday  Image: Constraint of the state	Monday  Image: Constraint of the second s	Monday  3/18/13    1:30-2:45  PM    PM

## **SLEEP DIARY**

DAY OF THE WEEK (That you woke up)	Monday				
CALENDAR DATE	3/18/13				
1. Yesterday I napped fromto(note time of all naps).	1:30-2:45 PM				
2. Last night I tookmg. ofof alcohol as a sleep aid.	Ambien 5 mg.				
3. Last night I got into bed at (AM or PM?)	11:00 PM				
4. Last night I turned off the lights and attempted to fall asleep at (AM or PM?)	11:30 PM				
5. After turning off the lights it took me about minutes to fall sleep.	40 Min.				
<ul><li>6. I woke from sleeptimes.</li><li>(Do not count your final awakening here)</li></ul>	2 Times				
7. In total, how long did these awakenings last?	1 hour 10 min.				
8. Today I woke up at <u>(AM or PM?)</u> NOTE this is your <b>final</b> awakening.	6:30 AM				
9. Today I got out of bed for the day at (AM or PM?).	7:15 AM				
10. I would rate the quality of last night's sleepas:1 = very poor2 = poor5 = excellent3 = fair.	3				
11. When I awoke today I felt:1 = not all rested2 = slightly rested3 = somewhat rested	2				
Time in bed					
Total sleep time					

Sleep Efficiency %	Shoop Efficiency 9/
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