

Consensus Sleep Diary

Name: _____



Sample

Date	05/10/21							
What time did you get into bed?	10:15pm							
What time did you try to go to sleep?	11:30pm							
How long did it take you to fall asleep?	55 mins							
How many times did you wake up, not counting your final awakening?	6 times							
In total, how long did these awakenings last?	2 hours 5 mins							
What time was your final awakening?	6:35 am							
After your final awakening, how long did you spend in bed trying to sleep?	45 mins							
Did you wake up earlier than you planned?	X Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No
If yes, how much earlier?	1 hour							
What time did you get out of bed for the day?	7:20 am							
In total, how long did you sleep?	4 hours 10 mins							
How would you rate the quality of your sleep?	o Very Poor X Poor o Fair o Good o Very Good	o Very Poor o Poor o Fair o Good o Very Good	o Very Poor o Poor o Fair o Good o Very Good	o Very Poor o Poor o Fair o Good o Very Good	o Very Poor o Poor o Fair o Good o Very Good	o Very Poor o Poor o Fair o Good o Very Good	o Very Poor o Poor o Fair o Good o Very Good	o Very Poor o Poor o Fair o Good o Very Good
How rested or refreshed did you feel when you woke up for the day?	o Not at all X Slightly o Somewhat o Well o Very Well	o Not at all o Slightly o Somewhat o Well o Very Well	o Not at all o Slightly o Somewhat o Well o Very Well	o Not at all o Slightly o Somewhat o Well o Very Well	o Not at all o Slightly o Somewhat o Well o Very Well	o Not at all o Slightly o Somewhat o Well o Very Well	o Not at all o Slightly o Somewhat o Well o Very Well	o Not at all o Slightly o Somewhat o Well o Very Well
How many times did you nap or doze?	2 times							
In total, how long did you nap or doze?	1 hour 10 mins							
How many drinks containing alcohol did you have?	3 drinks							
What time was your last drink?	9:20 pm							
How many caffeinated drinks did you have? (Coffee, soda, energy drink)	2 drinks							
What time was your last drink?	9:20 pm							
Did you take any over-the-counter or prescription medication(s) to help you sleep?	X Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No	o Yes o No
If so, list medication(s) dose and time taken.	Med(s): RelaxoHerb Dose: 50 mg Taken at: 11 pm	Med(s): Dose: Taken at:	Med(s): Dose: Taken at:	Med(s): Dose: Taken at:	Med(s): Dose: Taken at:	Med(s): Dose: Taken at:	Med(s): Dose: Taken at:	Med(s): Dose: Taken at:
Comments (if applicable)	I have a cold.							