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Sleep Diary

Today’s Date:

1. What time did you get into bed last night?

2. What time did you turn off the lights last night?

3. How long did it take you to fall asleep?

4. About how many times did you wake up during the night?

5. Each time you woke up, for about how long did you stay awake?

1st time:

2nd time:

3rd time:

4th time:

6. What was your final wake up time this morning?

7. What time did you get out of bed?

8. Approximately how many hours did you sleep last night?

9. How many hours did you allow for sleep last night (time from “lights out,” to “out of bed.”)?

10. Rate the quality of last night’s sleep:

5 4 3 2 1

excellent <------------------------------------------> poor

11. Did you take any sleep medications? (If yes, how much?)

Adapted from Gregg D. Jacobs, Ph.D.’s book Say Good Night to Insomnia: The Six-Week, Drug-Free Program Developed at Harvard Medical School. Jacobs and Herbert Benson (1999).