

SLEEP DIARY

MY SLEEP PRESCRIPTION BED TIME: _____ RISE TIME: _____

DAY OF THE WEEK							
DATE :							
Q1 What time did you go to bed?							
Q2 What time did you try to go to sleep							
Q3 What time did you fall asleep?							
Q4 How many times did you wake up during the night?							
Q5 In total, how long did these awakenings last (minutes)?							
Q6 What time was your final awakening?							
Q7 What time did you get out of bed to start your day?							
Q8 Note anything that interfered with your sleep							

My sleep duration (typical night): _____ My sleep efficiency (typical night): _____

Patient Name: _____