

Name: \_\_\_\_\_

## Sleep Diary - MORNING

Beginning at Session # \_\_\_\_\_

Please answer all of the following questions shortly after getting out of bed each morning:

Today's Date:	Ex. 1/29/12							
1. What time did you get into bed?	<i>11:00 pm</i>							
2. What time did you try to go to sleep (last attempt)?	<i>11:30 pm</i>							
3. How long did it take you to fall asleep?	<i>30 min</i>							
4. How many times did you wake up, not counting your final awakening?	<i>3</i>							
5. In total, how long did these awakenings last?	<i>60 min</i>							
6a. What time was your final awakening?	<i>5:00 am</i>							
6b. After you finally awoke, how long did you stay in bed trying to sleep?	<i>30 min</i>							
6c. Did you wake up earlier than you planned?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. What time did you get out of bed for the day?	<i>5:30 am</i>							
8. In total, how long did you sleep?	<i>4 ½ hours</i>							
9. How would you rate the quality of your sleep?	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good
10. How rested or refreshed did you feel when you woke up for the day?	<input type="checkbox"/> Not at all <input checked="" type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested	<input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Somewhat <input type="checkbox"/> Well-rested <input type="checkbox"/> Very rested

Evening ->

Evening ->

Evening ->

Evening ->

Evening ->

Evening ->

Evening ->

Evening ->

