

# Sleep Diary

Date:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Going to bed</b>							
What time did you get into bed?							
What time did you turn out the light?							
How long did it take you to fall asleep?							
<b>During the night</b>							
How many times did you wake up during the night?							
In total, how long did these awakenings last?							
<b>Getting up</b>							
What time was your final awakening?							
What time did you get out of bed for the day?							
<b>How would you rate the quality of your sleep?</b>							
(very poor, poor, fair, good, or very good)							
<b>Are there any factors that could have affected your sleep?</b>							
e.g. alcohol, tobacco, noise, partner snoring							
<b>Any other notes?</b>							