Sleep Diary Instructions: General Instructions

What is a Sleep Diary? A sleep diary is designed to gather information about your daily sleep pattern.

How often and when do I fill out the sleep diary? It is necessary for you to complete your sleep diary <u>every day</u>. If possible, the sleep diary should be completed within one hour of getting out of bed in the morning.

What should I do if I miss a day? If you forget to fill in the diary or are unable to finish it, leave it blank for that day.

What if something unusual affects my sleep or how I feel in the daytime? If your sleep or daytime functioning is affected by some unusual event (such as an illness, or an emergency) you may make brief notes on your diary.

What do the words "bed" and "day" mean on the diary? This diary can be used for people who are awake or asleep at unusual times. In the sleep diary, the word "day" is the time when you choose or are required to be awake. The term "bed" means the place where you usually sleep.

Will answering these questions about my sleep keep me awake? This is not usually a problem. You should not worry about giving exact times, and you should not watch the clock. Just give your best estimate.

Sleep Diary Item Instructions: Use the guide below to clarify what is being asked for each item of the Sleep Diary.

Date.: Write the date of the morning you are filling out the diary.
1a. How many times did you nap or doze (yesterday)? A nap is a time you decided to sleep during the day, whether in bed or not in bed. "Dozing" is a time you may have nodded off for a few minutes, without meaning to, such as while watching TV. Count all the times you napped or dozed at any time from when you first got out of bed in the morning until you got into bed again at night.
1b. In total, how long did you nap or doze? Estimate the total amount of time you spent napping or dozing, in hours and minutes. For instance, if you napped twice, once for 30 minutes and once for 60 minutes, and dozed for 10 minutes, you would answer "1 hour 40 minutes." If you did not nap or doze, write "N/A" (not applicable).
2. What time did you get into bed? Write the time that you got into bed. This may not be the time you began "trying" to fall asleep.
3. What time did you try to go to sleep? Record the time that you began "trying" to fall asleep.
4. How long did it take you to fall asleep? Beginning at the time you wrote in question 2, how long did it take you to fall asleep.
5. How many times did you wake up, not counting your final awakening? How many times did you wake up between the time you first fell asleep and your final awakening?
6. In total, how long did these awakenings last? What was the total time you were awake between the time you first fell asleep and your final awakening. For example, if you woke 3 times for 20 minutes, 35 minutes, and 15 minutes, add them all up (20+35+15= 70 min or 1 hr and 10 min).
7. What time was your final awakening? Record the last time you woke up in the morning.
8. What time did you get out of bed for the day? What time did you get out of bed with no further attempt at sleeping? This may be different from your final awakening time (e.g. you may have woken up at 6:35 a.m. but did not get out of bed to start your day until 8:20 a.m.).
9. Did you take any over-the-counter or prescription medication(s) to help you sleep? If so, list medication(s), dose, and time taken: List the medication name, how much and when you took EACH different medication you took tonight to help you sleep. Include medication available over the counter, prescription medications, and herbals (example: "Sleepwell 50 mg 11 pm"). If every night is the same, write "same" after the first day.
10. How would you rate the quality of your sleep? "Sleep Quality" is your sense of whether your sleep was good or poor.
11. Comments: If you have anything that you would like to say that is relevant feel free to write it here.

Consensus Sleep Diary (Please Complete Upon Awakening)   ID/NAME: _____ Date of birth:_____

	Sample							
Today's Date	4/5/08							
1a. How many times did you nap or doze?	2 times							
1b. In total, how long did you nap or doze?	1 hour 10 min.							
2. What time did you get into bed?	10:15 p.m.							
3. What time did you try to go to sleep?	11:30 p.m.							
4. How long did it take you to fall asleep?	55 min.							
5. How many times did you wake up, not counting your final awakening?	6 times							
6. In total, how long did these awakenings last?	2 hours 5 min.							
7. What time was your final awakening?	6:35 a.m.							
8. What time did you get out of bed for the day?	7:20 a.m.							
9. Did you take any over-the-counter or prescription medication(s) to help you sleep?	☒ Yes ☐ No Medication(s): Relaxo-Herb Dose: 50 mg Time(s) taken: 11 pm	☐Yes ☐No Medication(s): Dose: Time(s) taken:	☐Yes ☐No Medication(s): Dose: Time(s) taken:	☐Yes ☐No Medication(s): Dose: Time(s) taken:	☐Yes ☐No Medication(s): Dose: Time(s) taken:	☐Yes ☐No Medication(s): Dose: Time(s) taken:	☐Yes ☐No Medication(s): Dose: Time(s) taken:	☐Yes ☐No Medication(s): Dose: Time(s) taken:
10. How would you rate the quality of your sleep?	Very poor; x Poor; Fair; Good; Very good	Very poor; Poor; Fair; Good; Very good	Very poor; Poor; Fair; Good; Very good	Very poor; Poor; Fair; Good; Very good	Very poor; Poor; Fair; Good; Very good	Very poor; Poor; Fair; Good; Very good	Very poor; Poor; Fair; Good; Very good	Very poor; Poor; Fair; Good; Very good
11. Comments (if applicable)	I have a cold							