

## WEEKLY SLEEP LOG

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

Week of \_\_\_\_\_ to \_\_\_\_\_

	<b>Example</b>	<u>Tuesday morning, I complete this column</u>	<u>Wed. Morning, I complete this column</u>	<b>Thursday morning, I complete this column</b>	<u>Friday morning, I complete this column</u>	<u>Saturday morning, I complete this column</u>	<u>Sunday morning, I complete this column</u>	<u>Monday morning, I complete this column</u>
	<b>Tuesday 18/02</b>	<b>Monday</b> _ / _	<b>Tuesday</b> _ / _	<b>Wed.</b> _ / _	<b>Thursday</b> _ / _	<b>Friday</b> _ / _	<b>Saturday</b> _ / _	<b>Sunday</b> _ / _
1. Yesterday I had a nap between _____ and _____. (Note time of all naps)	1:45 p.m. 2:20 p.m.							
2. Yesterday, I took _____ mg of medication and/or _____ oz of alcohol to sleep.	Ativan 1,0 mg							
3. I went to bed at _____ hours and turned off the lights at _____ hours.	10:30 p.m. 11:15 p.m.							
4. Once the lights were off, I slept in _____ .	40 min.							
5. My sleep was interrupted _____ times. (Specify the total number of awakenings).	3							
6. My sleep was interrupted for _____ minutes. (Specify the duration of each awakening)	10; 5; 45 min.							
7. This morning, I woke up at _____ a.m. (Note time of final awakening)	6:15 a.m.							
8. This morning, I got up at _____ a.m. to start my day. (Specify the time)	6:40 a.m.							
9. This morning, I felt _____. (1 = exhausted..... 5 = very refreshed)	2							
10. In general, last night's sleep was _____. (1 = very agitated..... 5 = very deep)	3							

## INSTRUCTIONS FOR THE SLEEP DIARY

In order to better understand your sleep difficulties and actively participate in restoring it's natural cycle, it is important that you take a few minutes each morning to collect information on your sleeping habits. Once you are up, please answer each of the 10 questions on the sleep diary. It is important that you complete this diary **EVERY MORNING**. Naturally, it is quite normal to experience difficulty in estimating how much time it took you to fall asleep or how much time you were awake during the night. Remember, please, that it is not important to know the exact numbers or hours because this is almost impossible. Please indicate your best **ESTIMATES**. To illustrate how you should fill this diary, the first column serves as an example of information written by someone. The following are specific instructions for each question.

1. **NAPS:** This should include all naps including unintentional ones. For example, if you fell asleep 10 minutes while watching television, you would count this as a 10 minute nap.
2. **SLEEP AIDS:** You should include all prescribed as well as over-the-counter medications. Include alcohol as well.
3. **BEDTIME / LIGHTS OFF:** This is the time when you went to bed followed by the time when you turned off the lights. If you went to bed at 22:45 and turned off the lights at 23:15, you would write both times in the appropriate space. .
4. **SLEEP LATENCY:** Write your best estimate of how much time it took for you to fall asleep once you turned off the lights with the intention of sleeping.
5. **NUMBER OF AWAKENINGS:** This is the number of time you remember having been awake last night.
6. **DURATION OF AWAKENINGS:** Please estimate, to your best knowledge, how many minutes you were awake within each waking period. If this is difficult to estimate, try estimating the total number of minutes you were awake when considering all your periods of wakefulness. This should not include your last morning awakening because this information will be noted in question 7.
7. **MORNING AWAKENING:** This is the last time you woke up in the morning. If you woke up at 4:00 a.m. and did not subsequently fall asleep, this is the time to note. However, if you woke up at 6:00 a.m. but briefly fell asleep again (for example, between 6:00 and 6:20), then you would note your last awakening as 6:20 a.m..
8. **RISING TIME:** This is the time you actually got up from bed to start your day.
9. **HOW YOU FELT THIS MORNING:** Please refer to the following 5 point scale:  
1 = Exhausted, 2 = Tired, 3 = Medium, 4 = Rather refreshed, 5 = Very refreshed
10. **QUALITY OF SLEEP:** Please refer to the following 5 point scale:  
1 = Very agitated, 2 = Agitated, 3 = Of medium quality, 4 = Deep, 5 = Very deep.

\* WHEN YOU GET UP ON WEDNESDAY MORNING, PLEASE FILL THE TUESDAY COLUMN. ON THURSDAY MORNING, FILL OUT WEDNESDAY COLUMN AND SO ON...