Sleep Diary

Exact times are not necessary. Estimates are all you need.

SLEEP	
SCHEDULE	

Bedtime:	

DAY OF THE WEEK							
DATE							
Q1 What time did you get into bed?							
Q2 What time did you try to go to sleep?							
How long did it take you to fall asleep?							
How many times did you wake up, not counting your final awakening?							
Q5 In total, how long did these awakenings last?							
Q6 What time was your final awakening?							
What time did you get out of bed for the day?							
4 How would you rate the quality of your sleep?	O Very poor Poor Fair Good Very good	○ Very poor ○ Poor ○ Fair ○ Good ○ Very good	O Very poor Poor Fair Good Very good	O Very poor Poor Fair Good Very good	○ Very poor ○ Poor ○ Fair ○ Good ○ Very good	O Very poor Poor Fair Good Very good	○ Very poor ○ Poor ○ Fair ○ Good ○ Very good
Note anything that interfered with your sleep.							

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End-of-week calculations

Easy calculations at mysleepwell.ca/calculator

SLEEP NUMBERS

	1	Sleep	wind	OW:
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3	Time	asleep:
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2	Time	awake:
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4	Steep	efficiency: