

Daily Sleep Diary

Please fill out this diary each morning, beginning on the morning of Day 1. Once completed contact us for an appointment to start sleeping well and living better!

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
What time did you go to bed last night?							
After settling down, how long did it take you to fall asleep?							
After falling asleep, for how long were you awake in the night (in total)							
At what time did you wake up this morning?							

How long after waking did you get out of bed?							
From first going to bed to getting up this morning how long did you spend in bed?							
In total how long did you sleep for last night? (In hours)							
How would you rate the <u>quality</u> of your sleep last night?							
1 2 3 4 5 Very Poor Very Good							