

MY SLEEP DIARY: Today's Date:



1. What time did you get into bed last night? _____
2. What time did you turn off the lights last night? _____
3. How long did it take you to fall asleep? _____
4. About how many times did you wake up during the night? _____
5. Each time you woke up, for about how long did you stay awake?
1st time: 2nd time:
3rd time: 4th time:
6. What was your final wake up time this morning? _____
7. What time did you get out of bed? _____
8. Approximately how many hours did you sleep last night? _____
9. How many hours did you allow for sleep last night (time from “lights out,” to “out of bed.”)?

10. Rate the quality of last night's sleep: On a scale from 1 to 5. 1 is poor and 5 is excellent.
1 2 3 4 5
11. Did you take any sleep medications? (If yes, how much?)

Adapted from Gregg D. Jacobs, Ph.D.'s book Say Good Night to Insomnia: The Six-Week, Drug-Free Program Developed at Harvard Medical School. Jacobs and Herbert Benson (1999).