

**University of Michigan Department of Psychiatry
Insomnia and Behavioral Sleep Medicine Program
SLEEP DIARY**

Name: _____

Start Date: ___/___/___
(mm/dd/yy)

End Date: ___/___/___
(mm/dd/yy)

Next Session: ___/___/___ @ ___ am/pm
(mm/dd/yy)

Fatigue	0	25	50	75	100
Rating	extremely	moderately	mildly	somewhat	very
Scale	fatigued	fatigued	fatigued	energetic	energetic

COMPLETE AT NIGHT in reference to today

COMPLETE IN MORNING in reference to previous night

Day and Date	Fatigue rating	Naps (Start and end times)	Sleep meds or alcohol (Name & dose)	Time you went to bed and turned out the lights	How long it took you to fall asleep for the first time	Number of times you woke up after falling asleep	How long you were awake during the night	Time you woke up this morning	Time you got up for good	Total sleep time	Quality rating: 1=very poor 2=poor 3=fair 4=good 5=excellent	Restfulness rating: 1=not at all 2=slightly 3=somewhat 4=rested 5=well rested
Mon 9/14	68	2 – 4 pm	Ambien 10 mg	12:00	1 hr	3	45 min	7:00	8:00	5.25 hrs	3	2

E.G. turned lights out at 12:00 am and woke up at 7:00 am. She got out of bed at 8:00 am. It took her 1 hour to fall asleep, she woke up 3 times between 12:00 and 7:00 for 15 minutes each time.