

**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)

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|---------|-----------|------------|----------|-----------|-----------|
| 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 |
|--------------|----------------|----------------------------|-------------------------------------|--|--|--|--|-------------------------------|--------------------------|------------------|---|--|
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| 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.