



Iowa Sleep Disorders Center
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Sleep Diary

Please fill out this log every morning about 30 minutes after getting up. Guess the approximate times; do not worry if times are not absolutely correct. We are interested in your opinion of how you slept.

Date	Example 9/15	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
I napped from _____ to _____	1:30-2:30 pm							
Sleep Medication taken (what, time, and amount)	Ambien 10 mg 10:00 PM							
I turned out the lights at _____ (actually trying to fall asleep)	9:30 PM							
After turning the lights out, I fell asleep in _____ minutes.	60							
I was awake for _____ minutes during the night. (Do not count the time it took you to fall asleep initially)	60							
My sleep was interrupted for _____ minutes. (specify duration of each awakening)	10, 5, 45							
I slept for _____ hours last night.	6							
I woke up at _____ for the last time this morning.	7:00 AM							
I got out of bed at _____ for the last time this morning.	7:30 AM							