

Promoting wellness. Ensuring care.	SLEEP DIA	RY					
See reverse for instruction	ns.						
Name:							
Please fill this section out	in the evening	, before going	to bed.				
Enter the time and duration of any naps you took today.							
2. Did you take any medication to help you sleep? If so, what did you take and when?							
Please fill this section out	1	u get up for the	e day the follow	ving morning.			
Today's Date:							
3. What time did you get into bed?							
4. What time did you try to go to sleep?							
5. How long did it take you to fall asleep?							
6. How many times did you wake up?							
7. In total, how long did you sleep?							
8. What time was your final awakening?							
9. What time did you get out of bed for the day?							
10. Comments (if applicable)							



# UBC Hospital UBC SLEEP DISORDERS PROGRAM

See reverse	for ins	truct	ions.
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10. Comments (if applicable)							

# **General Instructions**

# What is a Sleep Diary?

A sleep diary is designed to gather information about your daily sleep pattern.

## How often and when do I fill out the sleep diary?

It is necessary for you to complete your sleep diary every day. If possible, the sleep diary should be completed within one hour of getting out of bed in the morning.

# What should I do if I miss a day?

If you forget to fill in the diary or are unable to finish it, leave the diary blank for that day.

## What if something unusual affects my sleep or how I feel in the daytime?

If your sleep or daytime functioning is affected by some unusual event (such as an illness, or an emergency) you may make brief notes on your diary.

# What do the words "bed" and "day" mean on the diary?

This diary can be used for people who are awake or asleep at unusual times. In the sleep diary, the word "day" is the time when you choose or are required to be awake. The term "bed" means the place where you usually sleep.

## Will answering these questions about my sleep keep me awake?

This is not usually a problem. You should not worry about giving exact times, and you should not watch the clock. Just give your best estimate.

# **Sleep Diary Item Instructions**

*Today's Date:* Write the date of the morning you are filling out the diary.

1. Enter the time and duration of any naps you took today.

A nap is a time you decided to sleep during the day, whether in bed or not in bed. "Dozing" is a time you may have nodded off for a few minutes, without meaning to, such as while watching TV. List all the times you napped or dozed at any time from when you first got out of bed in the morning until you got into bed again at night.

2. Did you take any over-the-counter or prescription medication(s) to help you sleep? If so, what did you take and when?

List the medication name, how much and when you took it for each medication you took to help you sleep. Include medication available over the counter, prescription medications, and herbal remedies (example: "Sleepwell 50 mg 11 pm"). If every night is the same, write "same" after the first day

3. What time did you get into bed?

Write the time that you got into bed. This may not be the time you began "trying" to fall asleep.

4. What time did you try to go to sleep?

Record the time that you began "trying" to fall asleep.

5. How long did it take you to fall asleep?

Beginning at the time you wrote in question 4, how long did it take you to fall asleep.

6. How many times did you wake up, not counting your final awakening?
How many times did you wake up between the time you first fell asleep and your final awakening?

7. In total, how long did you sleep?

This should just be your best estimate, based on when you went to bed and woke up, how long it took you to fall asleep, and how long you were awake. You do not need to calculate this by adding and subtracting; just give your best estimate.

8. What time was your final awakening?

Record the last time you woke up in the morning.

9. What time did you get out of bed for the day?

What time did you get out of bed with no further attempt at sleeping? This may be different from your final awakening time (e.g. you may have woken up at 6:35 a.m. but did not get out of bed to start your day until 7:20 a.m.)

10. Comments:

If you have anything that you would like to say that is relevant to your sleep feel free to write it here.