

Cognitive Behavioral Therapy for Insomnia (CBTI) Program Sleep Diary (Please complete upon awakening) NAME: _____

Today's Date	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
1. List any sleep aids you took.	Medication(s) & Dose: Time(s) taken:	Medication(s) & Dose: Time(s) taken:	Medication(s) & Dose: Time(s) taken:	Medication(s) & Dose: Time(s) taken:	Medication(s) & Dose: Time(s) taken:	Medication(s) & Dose: Time(s) taken:	Medication(s) & Dose: Time(s) taken:
2. What time did you get into bed?	___:___ PM ___:___ AM	___:___ PM ___:___ AM	___:___ PM ___:___ AM	___:___ PM ___:___ AM	___:___ PM ___:___ AM	___:___ PM ___:___ AM	___:___ PM ___:___ AM
3. What time did you try to go to sleep?	___:___ PM ___:___ AM	___:___ PM ___:___ AM	___:___ PM ___:___ AM	___:___ PM ___:___ AM	___:___ PM ___:___ AM	___:___ PM ___:___ AM	___:___ PM ___:___ AM
4. How long did it take you to fall asleep?	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)
5. How many times did you wake up in the night?	___times	___times	___times	___times	___times	___times	___times
6. In total, how long did these awakenings last?	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)
7. What time did you finally awaken for the day?	___:___ AM ___:___ PM	___:___ AM ___:___ PM	___:___ AM ___:___ PM	___:___ AM ___:___ PM	___:___ AM ___:___ PM	___:___ AM ___:___ PM	___:___ AM ___:___ PM
7a. Did you wake up earlier than you planned? If so, by how much?	No/Yes ___min(s)	No/Yes ___min(s)	No/Yes ___min(s)	No/Yes ___min(s)	No/Yes ___min(s)	No/Yes ___min(s)	No/Yes ___min(s)
7b. Did you wake up later than you planned? If so, by how much?	No/Yes ___min(s)	No/Yes ___min(s)	No/Yes ___min(s)	No/Yes ___min(s)	No/Yes ___min(s)	No/Yes ___min(s)	No/Yes ___min(s)
8. What time did you get out of bed for the day?	___:___ AM ___:___ PM	___:___ AM ___:___ PM	___:___ AM ___:___ PM	___:___ AM ___:___ PM	___:___ AM ___:___ PM	___:___ AM ___:___ PM	___:___ AM ___:___ PM
9. In total, how long did you sleep?	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)	___hour(s) ___min(s)
10. What was the quality of your sleep? (1=very poor ... 5=very good)							
11. How rested or refreshed do you feel? (1=not at all rested ... 5=well rested)							
12. How long did you nap yesterday?	___min(s)	___min(s)	___min(s)	___min(s)	___min(s)	___min(s)	___min(s)
13. Comments (if applicable):							