

APPENDIX 3.1: SLEEP DIARY

Please answer the following questionnaire **WHEN YOU AWAKE IN THE MORNING**. Enter yesterday's day and date and provide the information to describe your sleep the night before. Definitions explaining each line of the questionnaire are given below.

Item Definitions

1. If you napped yesterday, enter total time napping in *minutes*.
2. What time did you enter bed for the purpose of going to sleep (not for reading or other activities)?
3. Counting from the time you wished to fall asleep, how many *minutes* did it take you to fall asleep?
4. How many times did you awaken during the night?
5. What is the total time (# *minutes*) you were awake during the middle of the night? This does not include time to fall asleep at the beginning of the night. It also does not include awake time in bed before the final morning arising.
6. What time did you wake up for the last time this morning?
7. What time did you actually get out of bed this morning?
8. Pick one number below to indicate your overall QUALITY RATING or satisfaction with your sleep.

1 = very poor 2 = poor 3 = fair 4 = good 5 = excellent
9. List any sleep medication or alcohol taken at or near bedtime, and give the amount and time taken.

Example

Yesterday's day ⇒ Yesterday's date ⇒	Tuesday 10/14/97	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1. NAP (yesterday)	70 min							
2. BEDTIME (last night)	10:55 p.m.							
3. TIME TO FALL ASLEEP	65 min							
4. # OF AWAKENINGS	4							
5. WAKE TIME in middle of night (# of minutes)	110 min							
6. FINAL WAKE-UP	6:05 a.m.							
7. OUT OF BED	7:10 a.m.							
8. QUALITY RATING	2							
9. BEDTIME MEDICATIONS (include amount & time)	Ambien 10 mg 10:40 p.m.							