



Sleep Diary

MY SLEEP PRESCRIPTION

Bed Time: _____

Rise Time: _____

DAY OF THE WEEK							
DATE							
Q1 What time did you go to bed?							
Q2 What time did you try to go to sleep?							
Q3 What time did you fall asleep?							
Q4 How many times did you wake up during the night?							
Q5 In total, how long did these awakenings last (minutes)?							
Q6 What time was your final awakening?							
Q7 What time did you get out of bed to start your day?							
Q8 Note anything that interfered with your sleep							



End of week calculations

Easy calculations at mysleepwell.ca/calculator

My sleep duration (typical night): _____ My sleep efficiency (typical night): _____