



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): _____