Consensus Sleep Diary-M (Please Complete Upon Awakening)
Sample

ID/NAME: ___xxxxxxx

Today's Date	4/5/08							
1. What time did you get into bed?	10:15 p.m.							
2. What time did you try to go to sleep?	11:30 p.m.							
3. How long did it take you to fall asleep?	55 min.							
4. How many times did you wake up, not counting your final awakening?	6 times							
5. In total, how long did these awakenings last?	2 hours 5 min.							
6a. What time was your final awakening?	6:35 a.m.							
6b. After your final awakening, how long did you spend in bed trying to sleep?	45 min.							
6c. Did you wake up earlier than you planned?	☑ Yes □ No	□ Yes □ No						
6d. If yes, how much earlier?	1 hour							
7. What time did you get out of bed for the day?	7:20 a.m.							
8. In total, how long did you sleep?	4 hours 10 min.							
9. How would you rate the quality of your sleep?	□ Very poor ☑ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good	□ Very poor □ Poor □ Fair □ Good □ Very good
10. How rested or refreshed did you feel when you woke-up for the day?	□ Not at all rested ☑ Slightly rested □ Somewhat rested □ Well-rested □ Very well- rested	□ Not at all rested □ Slightly rested □ Somewhat rested □ Well-rested □ Very well- rested	□ Not at all rested □ Slightly rested □ Somewhat rested □ Well-rested □ Very well- rested	□ Not at all rested □ Slightly rested □ Somewhat rested □ Well-rested □ Very well- rested	□ Not at all rested □ Slightly rested □ Somewhat rested □ Well-rested □ Very well- rested	□ Not at all rested □ Slightly rested □ Somewhat rested □ Well-rested □ Very well- rested	□ Not at all rested □ Slightly rested □ Somewhat rested □ Well-rested □ Very well- rested	□ Not at all rested □ Slightly rested □ Somewhat rested □ Well-rested □ Very well- rested

Consensus Sleep Diary-M Continued

D/NAME:	
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Sample

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Today's Date	4/5/10							
11a. How many times did you nap or doze?	2 times							
11b. In total, how long did you nap or doze?	1 hour 10 min.							
12a. How many drinks containing alcohol did you have?	3 drinks							
12b. What time was your last drink?	9 :20 p.m.							
13a. How many caffeinated drinks (coffee, tea, soda, energy drinks) did you have?	2 drinks							
13b. What time was your last drink?	3:00 p.m.							
14. Did you take any over-the-counter or	☑ Yes □ No	□Yes □No	□Yes □No	□Yes □No				
prescription medication(s) to help you sleep?	Medication(s): Relaxo-Herb	Medication(s):	Medication(s):	Medication(s):	Medication(s):	Medication(s):	Medication(s):	Medication(s):
If so, list	Dose:	Dose:	Dose:	Dose:	Dose:	Dose:	Dose:	Dose:
medication(s), dose, and time taken	50 mg Time(s) taken:	Time(s) taken:	Time(s) taken:	Time(s) taken:	Time(s) taken:	Time(s) taken:	Time(s) taken:	Time(s) taken:
and unto taken	11 pm	(5) 125	(2, 13.13.11	(2) 133	(-) 133	· ·····o(o) takon.	. into(o) takon.	(-, 13
15. Comments (if applicable)	I have a cold							