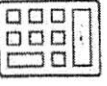


Sleep Diary

MY SLEEP PRESCRIPTION
 Bed Time: _____
 Rise Time: _____

NAME: _____

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): _____