

# Thirty Second Sleep Diary

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Time you went to bed last night:							
Time you got out of bed this morning:							
Number of minutes you estimate it took you to fall asleep last night:							
Number of time you remember waking in the middle of the night:							
Total number of minutes you estimate you were awake during the night:							
Total amount of sleep you had last night:							
Number (none = 0) of alcoholic beverages you consumed before going to bed last night:							
If you used any cannabis product, record the product type and the number of hours prior to going to bed. Or, cross out block, if none.							
Did you take any sleeping medication last night (record "yes" or "no"). If yes, specify medication.							
How much did you enjoy sleeping last night? 0      1      2      3 Not at all                      Very Much							
How refreshed do you feel this morning? 0      1      2      3 Not at all                      Very Much							

Adapted from Morin, C.M., and Espie, C.A., *Insomnia: A Clinical Guide to Assessment and Treatment*, Springer, 2004