

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 times you remember waking up in the middle of the night:							
Total number of minutes you estimate you were awake in during the night:							
Total amount of sleep you had last night:							
Number (none = 0) alcoholic beverages you consumed before going to bed last night:							
Did you take any sleeping medication last night (record "yes" or "no")? If yes specify.							
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.