Name_____

SLEEP DIARY

ChimeraHealth™

Month/ Year_____

Put down arrows (↓) at the times you went to bed and up arrows (↑) at the times you got out of bed.
Draw a line through the times you think you were asleep.

Date	Day of the week (M, T, W, R, F, S, Su)	Sleeping pill, alcohol, or any meds to help you sleep?	Any coffee, cola, chocolate, or caffeine since noon?	PM 6	7	8	9	10	11	Mid-night	AM 1	2	3	4	5	6	7	8	9	10	11	Noon	PM 1	2	3	4	5	Total hrs in bed	Total hrs of sleep	Rate your sleep 1-10 (1 is best)	Did you watch TV, eat, worry, read, etc. in bed?
Example	**M**	**Ambien**	**Coffee**					↓	——	↑		↓		—	——	↑	↓		↑									**8**	**3**	**8**	**Read**