NIGHT LOG

PharmaZzz
Non-Medication Therapy for Insomnia

DATE/DAY *Fill in each morning immediately after getting out of bed*									
1. What time did you go to bed last night?									
2. How long did it take you to fall asleep?									
3. How many times did you wake up during the night?									
4. For how long in total were you awake during the night?									
5. How much time did you spend out of bed during the night?									
6. What time did you wake up this morning?									
7. What time did you get out of bed this morning?									
8. Did you take a sleeping pill last night? (Y?N)									
9. Generally speaking, how well do you feel this morning? ***(1=Not well; 2=Just OK; 3=Fine; 4=Very well)***									
10.* How enjoyable was your sleep last night?** ***(1=Not good; 2=Just OK; 3 Good; 4=Very good)									
11. TIME IN BED (TIB) = time between # 1 and # 7									
12. WAKE AFTER SLEEP ONSET (WASO) – Time awake after first falling asleep and before getting out of bed in the morning = #4 + (time between #6 and #7)									
13. TOTAL SLEEP TIME (TST) = #11 – (#2 + #12)									
14. SLEEP EFFICIENCY = TST (#13) / TIB (#11)									