

Sample

Consensus Sleep Diary (Core Items Only)

ID/Name: Case A - Basehine

Today's date	4/5/10	Fri	Sat	Sun	Mon	Tues	Wed	Th
1. What time did you get into bed?	10:15 P.m	10:45 pm	11:30 pm	11:30 pm	12:00 am	10:20 pm	11:00 pm	10:30 pm
2. What time did you try to go to sleep?	11:30 P.m	10:45 pm	11:30 pm	11:30 pm	12:00 am	10:20 pm	11:00 pm	10:30 pm
3. How long did it take you to fall asleep?	1 hour 15 min.	2.5 hours	10-15 min	5-10 min	1 hour	10-15 min	5-10 min	20
4. How many times did you wake up, not counting your final awakening?	3 (times)	2	2	2	3	3	2	2-3
5. In total, how long did these awakenings last?	1 hour 10 min.	5 min	5 min	5 min	10 min	15 min	5 min	5-10 min
6. What time was your final awakening?	6:35 a.m.	6:00 am	6:00 am	4:30 am	6:30 am	5:30 am	6:00 am	6:00 am
7. What time did you get out of bed for the day?	7:20 a.m	7:30 am	7:30 am	7:30 am	7:45 am	7:30 am	7:30 am	7:30 am
8. How would you rate the quality of your sleep?	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good	<input type="checkbox"/> Very poor <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good