CCF Sleep Diary								
	SAMPLE							
Sleep Medication	Ambien 5mg							
Day of Week	Friday							
Date	1/10/25							
Length of time napping or dozing?	3 PM – 25 min							
2. What time did you climb into bed?	10:15 PM							
3. What time did you try to fall asleep?	11:00 PM							
4. How long do you think it took you to fall asleep for the first time?	60 mins							
5. How many times did you wake up in the middle of the night (after you fell asleep, but before your final awakening)?	3x							
6. Of the times you woke up in #5, how long did these awakenings last in total?	30 mins (e.g., 3x, 10 mins each)							
7. What time was your final awakening for the day?	6:35 AM							
8. What time did you get out of bed?	7:20 AM							
9. How would you rate your quality of sleep?	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good	☐ Very poor ☐ Poor ☐ Fair ☐ Good ☐ Very good
Comments								