CBTI Week #_____ Today's Date	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
1. List any sleep aids you took (medication name, dose, time taken).							
2. What time did you get into bed?	___:___ PM/AM	___:___ PM/AM	___:___ PM/AM	___:___ PM/AM	___:___ PM/AM	___:___ PM/AM	___:___ PM/AM
3. What time did you turn out the lights and try to go to sleep?	___:___ PM/AM	___:___ PM/AM	___:___ PM/AM	___:___ PM/AM	___:___ PM/AM	___:___ PM/AM	___:___ PM/AM
4. How long did it take to fall asleep?	_____min(s)	_____min(s)	_____min(s)	_____min(s)	_____min(s)	_____min(s)	_____min(s)
5. How many times did you wake?	_____times	_____times	_____times	_____times	_____times	_____times	_____times
6. In total, how long spent awake?	_____min(s)	_____min(s)	_____min(s)	_____min(s)	_____min(s)	_____min(s)	_____min(s)
7. What time did you finally awaken?	___:___ AM	___:___ AM	___:___ AM	___:___ AM	___:___ AM	___:___ AM	___:___ AM
8. What time did you get out of bed?	___:___ AM	___:___ AM	___:___ AM	___:___ AM	___:___ AM	___:___ AM	___:___ AM
9. In total, how long did you sleep?	_____hour(s)	_____hour(s)	_____hour(s)	_____hour(s)	_____hour(s)	_____hour(s)	_____hour(s)
10. What was the quality of your sleep (1=very poor … 5=very good)?							
11. How long did you nap yesterday?	_____min(s)	_____min(s)	_____min(s)	_____min(s)	_____min(s)	_____min(s)	_____min(s)
12. Comments (if applicable):							