Sleep Diary and Nightmare Log Instructions

General Instructions: Complete your sleep diary **every day within one hour of getting out of bed** in the morning, if possible. If you forget to fill in the diary or are unable to remember, leave the diary blank for that day. Try not to worry about giving exact times and you should not watch the clock. Just give your best estimate.

This diary can be used for people who are awake or asleep at unusual times and in places other than a bed.

"Day" is the time when you choose or are required to be awake. The term *"bed"* is the place where you usually sleep.

Step-by-step Instructions:

0. **Date.** Enter today's date even though some of the information you input will be from yesterday.

1. **What time did you get into bed?** Record the time you physically got into bed.

2. **What time did you "try" to go to sleep last night last night?** Record the time that you began "trying" to fall asleep. Some people begin trying to go to sleep as soon as they get in bed, while others get into bed and read, watch TV, or other things. *What we want to know for this question is when you first started trying (e.g., closed your eyes, turned out the lights) to go to sleep.*

3. **How long did it take you to fall asleep in minutes?** Beginning at the time you wrote in question 2, record how long it took you to fall asleep.

4. **How many times did you wake up, not counting your final awakening?** How many times did you wake up between the time you first fell asleep and your final awakening? This would include if you woke up for any reason (e.g., nightmare, sounds, perimeter check, check on the safety of the house or a family member).

5. **In total, how long did these awakenings last in minutes?** What was the total time you were awake between the time you first fell asleep and your final awakening? For example, if you woke 3 times for 20 minutes, 35 minutes, and 15 minutes, add them all up (20 + 35 + 15 = 70 minutes or 1 hour and 10 minutes).

6. **What time was your final awakening?** Record the last time you woke up for the day.

7. **What time did you get out of bed for the day?** What time did your feet hit the

floor with no further attempt at sleeping? This may be different from your final awakening time (e.g. you may have woken up at 0625 but did not get out of bed to start your day until 0720).

8. **How would you rate the quality of your sleep?** "Sleep Quality" is your sense of whether your sleep was good or poor.

9. **In total, how long did you nap or doze yesterday?** Estimate the total amount of time you spent napping or dozing, in hours and minutes. For instance, if you napped twice, once for 30 minutes and once for 60 minutes, and dozed for 10 minutes, you would answer "1 hour 40 minutes." If you did not nap or doze, enter 0 hours 0 minutes.

10. **Last night, how many nightmares did you have that woke you up?** Record the number of nightmares that caused you to wake up from your sleep last night.

11. **How would you rate the overall severity of your nightmares?** What was the overall severity of the nightmares you experienced last night on a scale on 0 to 4, with 4 being the most severe. If you did not experience any nightmares last night write NA.

ITEMS IN BOX ARE ONLY TO BE COMPLETED WHEN ASSIGNED BY THE THERAPIST

12. **Relaxation practice SUDs ratings Practice 1:** Report your Subjective Units of Distress, or SUDS, directly before and after you practice the relaxation exercise during the day. SUDS range from 0 (meaning no distress/tension) to 100 (meaning the most distress/tension you can imagine).

13. **Relaxation practice SUDs ratings Practice 2:** Report your Subjective Units of Distress, or SUDS, directly before and after you practice the relaxation exercise at night before bed on the same 0-100 scale.

14. **How many times did you practice imagining the new dream yesterday and for how many minutes total?** Record the number of times you practiced imaging your new dream and the total time of practice yesterday. For example, if you practiced twice for 10 minutes each, add the time up to equal 20 minutes total and record "2 (20 min)."

15. **Comments:** If your sleep is affected by some unusual event (such as an illness, an

emergency, a dog barking, kids crying or some other disturbance), please make brief notes.

Sleep Diary and Nightmare Log

ID/Name: _____ Appointment/Date: _____

Date	Sample 3/31/22							
1. What time did you get into bed?	8:30 PM							
2. What time did you try to go to sleep last night?	9:30 PM							
3. How long did it take you to fall asleep in minutes?	55 min.							
4. How many times did you wake up, not counting your final awakening?	3 times							
5. In total, how long did these awakenings last in minutes?	70 min							
6. What time was your final awakening?	6:30 AM							
7. What time did you get out of bed for the day?	7:10 AM							
8. How would you rate the quality of your sleep? (0=Very Poor, 1=Poor, 2=Fair, 3=Good, 4=Very Good)	3							
9. In total, how long did you nap or doze yesterday?	45 min							

10. Last night, how many nightmares did you have that woke you up?	2							
11. How would you rate the overall severity of your nightmares? (0=Not at all to 4= Extremely; NA=not applicable)	4							
TO BE COMPLETED ONLY WHEN ASSIGNED 12. Relaxation Practice 1: SUDs ratings	Before 65 After 50	Before__ After__	Before__ After__	Before__ After__	Before__ After__	Before__ After__	Before__ After__	Before__ After__
13. Relaxation Practice 2: SUDs ratings	Before 65 After 50	Before__ After__	Before__ After__	Before__ After__	Before__ After__	Before__ After__	Before__ After__	Before__ After__
14. How many times did you practice the new dream yesterday and for how many minutes total?	1 (15 min)							
15. Comments	I have a cold 10 mg Ambien4 beers							