Sleep Diary

Name: _____

Start Date: _____-_____-_____

- Review your completed diary to see if there are any patterns or practices that are helping or hindering your sleep.
- Make incremental changes. Changing one habit at a time can set you on the path to healthy sleep.

Complete in the Morning ☀							
Day of Week:	**Day 1** _____	**Day 2** _____	**Day 3** _____	**Day 4** _____	**Day 5** _____	**Day 6** _____	**Day 7** _____
What time did you go to bed?	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
What time did you get out of bed?	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Last night I fell asleep:							
Easily	☐	☐	☐	☐	☐	☐	☐
After some time	☐	☐	☐	☐	☐	☐	☐
With Difficulty	☐	☐	☐	☐	☐	☐	☐
How many times did you wake up during the night?							
# of times							
# of minutes							
Last night I slept a total of…	HRS/MIN	HRS/MIN	HRS/MIN	HRS/MIN	HRS/MIN	HRS/MIN	HRS/MIN
When I woke up for the day, I felt…							
Refreshed	☐	☐	☐	☐	☐	☐	☐
Somewhat refreshed	☐	☐	☐	☐	☐	☐	☐
Fatigued	☐	☐	☐	☐	☐	☐	☐
Was your sleep disturbed by any factors? If so, list them here: Ex: allergies, noise, pets, discomfort, pain, lights, temperature, etc.							
Notes: Record any other factors that may affect your sleep hours. Ex: hours of work shift, monthly cycle for women							

Complete at the end of the Day							
Day of Week:	**Day 1** _____	**Day 2** _____	**Day 3** _____	**Day 4** _____	**Day 5** _____	**Day 6** _____	**Day 7** _____
I consumed caffeine in the: (M) Morning, (A) Afternoon, (E) Evening, (N/A) Not Applicable							
M, A, E, NA							
How many?	_____	_____	_____	_____	_____	_____	_____
How much exercise did you get today?							
M, A, E, NA							
No. of Minutes							
Did you take a nap?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, for how long?							
List all medications, vitamins, and supplements you took today.							
During the day, how likely was I to doze off while performing daily tasks: (N) No chance, (S) Slight chance, (M) Moderate chance, (H) High chance							
N, S, M, H							
Throughout the day, my mood was: (VP) Very Pleasant, (P) Pleasant, (U) Unpleasant, (VU) Very Unpleasant							
VP, P, U, VU							
Approximately 2-3 hours before going to bed, I consumed:							
Alcohol	☐	☐	☐	☐	☐	☐	☐
A heavy meal	☐	☐	☐	☐	☐	☐	☐
Caffeine	☐	☐	☐	☐	☐	☐	☐
Water, juice, milk, etc	☐	☐	☐	☐	☐	☐	☐
N/A	☐	☐	☐	☐	☐	☐	☐
My bedtime routine included: (ex: taking a bath/shower, stretching, reading a book, using mobile device or a computer)							