**Daily Sleep Diary**

**Complete the diary every day in the morning when you wake up and at the end of the day before you go to sleep.**

**The sleep diary only takes a few minutes each day to complete. Make small changes. Changing one habit at a time can set you on the path to a healthy sleep.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete in the Morning** | | | | | | | | |
|  | | **Day 1**  **Day of the week\_\_\_\_\_\_** | **Day 2**  **Day of the week\_\_\_\_\_\_** | **Day 3**  **Day of the week\_\_\_\_\_\_** | **Day 4**  **Day of the week\_\_\_\_\_\_** | **Day 5**  **Day of the week\_\_\_\_\_\_** | **Day 6**  **Day of the week\_\_\_\_\_\_** | **Day 7**  **Day of the week\_\_\_\_\_\_** |
| What time did you go to bed last night? | |  |  |  |  |  |  |  |
| Did you fall asleep:  **Easily**  **After some time**  **With difficulty** | |  |  |  |  |  |  |  |
| After falling asleep, how many times did you wake up in the night? | |  |  |  |  |  |  |  |
| How many hours total did you sleep last night? | |  |  |  |  |  |  |  |
| What time did you **wake** up this morning? | |  |  |  |  |  |  |  |
| What time did you **get out of bed** this morning? | |  |  |  |  |  |  |  |
| When you woke up, did you feel: **Refreshed & Rested**  **Somewhat rested**  **Fatigued** | |  |  |  |  |  |  |  |
| **Complete at the End of Day** | | | | | | | | |
|  | **Day 1**  **Day of the week\_\_\_\_\_\_** | | **Day 2**  **Day of the week\_\_\_\_\_\_** | **Day 3**  **Day of the week\_\_\_\_\_\_** | **Day 4**  **Day of the week\_\_\_\_\_\_** | **Day 5**  **Day of the week\_\_\_\_\_\_** | **Day 6**  **Day of the week\_\_\_\_\_\_** | **Day 7**  **Day of the week\_\_\_\_\_\_** |
| What medications did you take today? |  | |  |  |  |  |  |  |
| How much caffeine did you drink today? |  | |  |  |  |  |  |  |
| How much alcohol did you drink today? |  | |  |  |  |  |  |  |
| How many minutes of exercise today? |  | |  |  |  |  |  |  |
| Did you take a nap today?  Yes/No  How long? | * Yes * No   Time: \_\_\_\_\_\_ | | * Yes * No   ­­­Time: \_\_\_\_\_\_ | * Yes * No   ­­­Time: \_\_\_\_\_\_ | * Yes * No   ­­­Time: \_\_\_\_\_\_ | * Yes * No   ­­­Time: \_\_\_\_\_\_ | * Yes * No   ­­­Time: \_\_\_\_\_\_ | * Yes * No   ­­­Time: \_\_\_\_\_\_ |
| In the hour before going to sleep, what did your bedtime routine look like:  (i.e., read a book, used electronics, watched TV, took a bath, relaxation exercise, etc. |  | |  |  |  |  |  |  |