Sleep Diary

Name: _____

Start date: _____

Sleep Foundation
A OneCare Media Company

Morning

Day of week:	Day 1 Sun	Day 2 Mon	Day 3 Tues	Day 4 Wed	Day 5 Thur	Day 6 Fri	Day 7 Sat
What time did you get into bed?	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM
What time did you try and go to sleep?	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
How long did it take you to fall asleep?	HRS. MINS.	HRS. MINS.	HRS. MINS.	HRS. MINS.	HRS. MINS.	HRS. MINS.	HRS. MINS.
What time did you wake up this morning?	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
How many times did you wake up during the night?							
No. of times							
No. of minutes							
Last night I slept a total of:	HRS. MINS.	HRS. MINS.	HRS. MINS.	HRS. MINS.	HRS. MINS.	HRS. MINS.	HRS. MINS.
How would you rate your sleep quality?							
Very Poor	○	○	○	○	○	○	○
Poor	○	○	○	○	○	○	○
Fair	○	○	○	○	○	○	○
Good	○	○	○	○	○	○	○
Very Good	○	○	○	○	○	○	○
Was your sleep disturbed by any factors? If so, list them here (ex. allergies, noise, pets, discomfort/pain, etc.)							
Any other comments about your sleep worth noting?							

Evening

Day of week:	Day 1 Sun	Day 2 Mon	Day 3 Tues	Day 4 Wed	Day 5 Thur	Day 6 Fri	Day 7 Sat
I consumed caffeine in the: (AM) morning, (PM) afternoon/evening, (LN) late night, (NA)							
AM, PM, LN, NA							
How many?							
How much exercise did you get today?							
No. of minutes							
Time of day AM, PM, LN, NA							
Did you take a nap? (check one)	☐ 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							
Approximately 2-3 hours before getting to bed, I consumed:							
Alcohol	☐	☐	☐	☐	☐	☐	☐
1+ glasses of water, juice, milk, etc.	☐	☐	☐	☐	☐	☐	☐
A heavy meal	☐	☐	☐	☐	☐	☐	☐
Caffeine	☐	☐	☐	☐	☐	☐	☐
NA	☐	☐	☐	☐	☐	☐	☐
My nighttime routine included: (ex. taking a bath/shower, stretching, reading a book/ magazine, using mobile devices or a computer)							