

SLEEP DIARY

PLEASE PRINT AND KEEP NEXT TO YOUR BED



How Do You Use a Sleep Diary?

To keep the most accurate sleep diary, fill it out carefully every day. Staying current and updating your diary as you go helps avoid any gaps in your memory. For that reason, you want to keep your sleep diary and a pen in an easily accessible place where you'll be reminded to fill it out every day.

Sleep Diary Check-in

If you're keeping a sleep diary as a personal initiative, you can use it to benefit your health by conducting a check-in.

As you review your sleep diary, a handful of questions can help you evaluate your sleep:

- Am I budgeting enough time for sleep?
- Is my sleep schedule consistent or full of fluctuations?
- Am I spending significant time lying in bed without being able to fall asleep?
- Is my sleep disrupted in the night? If so, is there any pattern in the diary that might explain why?
- Is my sleep satisfying? Do I feel drowsy during the day?
- Am I taking naps that are too long or too late in the day that could be affecting my nighttime sleep?
- Is my use of alcohol, caffeine, and/or medications affecting my sleep time or sleep quality?

As you go through these questions, you can identify opportunities to apply practical tips to boost your sleep hygiene and contribute to your overall wellness.

When Should You See a Doctor About Sleep?

If you are keeping a sleep diary and notice that you aren't getting sufficient sleep, talk with your doctor. Your doctor can review your sleep diary with you and determine whether or not any tests are necessary to diagnose and address your sleeping problems. Regardless of if you've started a sleep diary, talk with a doctor if you have any of the following symptoms:

- Significant difficulty either falling asleep or staying asleep through the night
- Impaired thinking, attention, mood, or physical performance during the day
- Excessive daytime sleepiness, especially if it feels like there are moments when you can't resist dozing off
- Very loud snoring and/or snoring that involves choking or gasping sounds

Sleep Log

Please fill this out for the previous day and night no more than 3 hours after waking.
The information can be an estimate when necessary.



NAME _____

WEEK OF _____

DAY	SUN	MON	TUES	WED	THURS	FRI	SAT
Did you nap?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
For how long?	mins.	mins.	mins.	mins.	mins.	mins.	mins.
At what time?							
Did you have any caffeine* after 6pm?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you drink alcohol after 6pm?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you use nicotine after 6pm?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you exercise?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you eat a heavy meal or snack after 6pm?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Did you take any sleeping medication	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
What medication?							
Amount							
At what time?							
Were you sleepy during the day?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
NIGHT							
What time did you turn off the lights to go to sleep?							
What time did you wake up?							
How many total hours did you sleep?							
How many times did you wake up in the night?							
Rate the quality of your sleep:	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○	○○○○○
Do you feel you got enough sleep?							

* Caffeine = coffee, tea, caffeinated soda, chocolate, energy drinks, certain medications.