

SLEEP DIARY

Complete this diary to help you to identify immediate steps that you can take to improve your sleep.

Plan to complete this diary on a regular basis over time. Record the following:

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
The time you went to bed							
The time you woke up							
The total hours of sleep							
How well you think you slept on a scale of 1 – 5 from low to high							
The amount of time you were awake							
The amount of noise or other disruptions during bedtime on a scale from 1 – 5 from low to high							
What did you do during that awake time – stayed in bed, got up to read							
Types and amount of food consumed before bed – time of consumption							
Amount of liquids consumed before bed – time of consumption							
Amount of caffeine consumed before bed – time of consumption							
Amount of alcohol consumed before bed – time of consumption							
Activity before bed – include type and time completed							
Your feelings and mood before bed							
Medications taken, include dose and time of consumption							