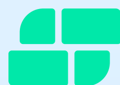
Sleep Diary

Sleep is the Foundation for a healthy life.
Track your habits to achieve a better night's sleep.



Start Date: / /

Complete in the Morning

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
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 put away your devices?	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM
What time did you try to go to sleep?	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM
How long did it take you to fall asleep?	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES
What time did you wake up this morning?	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM	
How many times did you wake up during the night?							
How long were you awake during the night?	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES
Last night I slept a total of:	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES
How would you rate the quality of your sleep? 1 (Very Poor) 2 (Poor) 3 (Fair) 4 (Good) 5 (Very Good)							
1 / 2 / 3 / 4 / 5							
Was your sleep disturbed by any factors? If so, list them in this row. (ex. allergies, noise, pets, discomfort/pain, etc.)							
Any other comments about your sleep worth noting?							

SLEEP FOUNDATION
A OneCare Media Company

Complete in the Evening

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
The last time I consumed caffeine was in the: AM (Morning) PM (Afternoon/Evening) LN (Late Night) NA							
AM / PM / LN / NA							
How many servings?							
How much energy did you have during the day? 1 (Very Little) 2 (Below Average) 3 (Average) 4 (Above Average) 5 (Energized)							
1 / 2 / 3 / 4 / 5							
How much exercise did you get today?							
Number of minutes:							
Time of day: AM / PM / LN / NA							
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 sleep medications you took before bed: (melatonin, prescription, etc.)							
Approximately 2-3 hours before getting to bed, I consumed:							
Alcohol	☐	☐	☐	☐	☐	☐	☐
1+ glasses of liquid	☐	☐	☐	☐	☐	☐	☐
A heavy meal	☐	☐	☐	☐	☐	☐	☐
Caffeine	☐	☐	☐	☐	☐	☐	☐
Nothing	☐	☐	☐	☐	☐	☐	☐
My nighttime routine included: (ex. watching TV, taking a bath or shower, stretching, reading a book, using electronic devices, etc.)							
I'm hoping to fall asleep by:	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM

Complete in the Morning

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
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 put away your devices?	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM
What time did you try to go to sleep?	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM
How long did it take you to fall asleep?	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES	HOURS MINUTES
What time did you wake up this morning?	PM AM	PM AM	PM AM	PM AM	PM AM	PM AM	
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Was your sleep disturbed by any factors? If so, list them in this row. (ex. allergies, noise, pets, discomfort/pain, etc.)							
Any other comments about your sleep worth noting?							

Complete in the Evening

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How much energy did you have during the day? 1 (Very Little) 2 (Below Average) 3 (Average) 4 (Above Average) 5 (Energized)							
1 / 2 / 3 / 4 / 5							
How much exercise did you get today?							
Number of minutes:							
Time of day: AM / PM / LN / NA							
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 sleep medications you took before bed: (melatonin, prescription, etc.)							
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