S. National Siefe Foundation

## Sleep Diary

Track your habits and get on<br>the path to a better night's sleep!

## The Importange of a

## Good Night's Sleep

Sleep is a basic need, as important to our health and well-being as air, food and water. When we sleep well, we wake up feeling refreshed, alert and ready for daily activities. When we don't, every part of our lives can suffer, including our jobs, relationships, productivity, health and safety (and that of those around us). Even occasional sleep issues can make daily life more stressful and less productive. It can be hard to focus and handle minor irritations. All the more that we want to prioritize sleep by practicing good sleep habits. While the sleep needs of each person can vary, most healthy adults need between 7 and 9 hours of sleep each night.

## Are you getting enough sleep?

Do you have trouble staying awake during boring or repetitive activities?


Do you sometimes find yourself being overly irritable with co-workers, family and friends?
$\square$ Yes $\square$

Do you often have a hard time concentrating or remembering things?
$\square$ Yes $\square$ No

If you answered "Yes" to any of these questions, you probably could benefit from more sleep. Make sleep a priority with good sleep habits.

## How to Use the National Sleep Foundation Sleep Diary

Using this sleep diary takes just a few minutes each day. To get the most out of it:

- Use your sleep diary every day for two weeks (or for as long as recommended by your healthcare professional).
- Keep it near where you sleep, such as on a bedside table. Don't forget a pen or pencil.
- Complete the diary when you wake up for the day AND before you go to bed.
- Fill in as much information as you can to get the best picture of your sleep patterns.


## Once you've completed the diary:

- Review your answers to look for patterns. For example, did you sleep better on days you skipped your afternoon coffee? Did a nap interfere with a good night's sleep?
- Look for ways you can improve your sleep. Changing one habit at a time can set you on the path to healthy sleep. Check out thensf.org for some tips to get you started.
- Share your diary with your healthcare professional who can help address your sleep problem.

Isyour late afternoon
pick-me-up keeping
you up all night?
The stimulating
effects of caffeine can last
many hours after your last cup of coffee.
$\qquad$ /

## GOMPLETE WHEN YOU WAKE UP

| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| I went to bed at: (Enter the time and circle am or pm) |  |  |  |  |  |  |
| $\mathrm{am} / \mathrm{pm}$ | am/pm | am/pm | am/pm | $\mathrm{am} / \mathrm{pm}$ | am/pm | $\mathrm{am} / \mathrm{pm}$ |
| When I went to bed, I fell asleep: (Circle one) $\mathbf{1}=$ With difficulty; $\mathbf{2}$ = After some time; $\mathbf{3}$ = Easily |  |  |  |  |  |  |
| 123 | 123 | 123 | 123 | 123 | 123 | 123 |
| I woke up during my sleep: (Enter \# of times and \# of minutes) |  |  |  |  |  |  |
| \# times | \# times | \# times | \# times | \# times | \# times | \# times |
| \# mins | \# mins | \# mins | \# mins | \# mins | \# mins | \# mins |

I got out of bed at: (Enter the time and circle am or pm)

| am/pm | am/pm | $\mathrm{am} / \mathrm{pm}$ | $\mathrm{am} / \mathrm{pm}$ | $\mathrm{am} / \mathrm{pm}$ | $\mathrm{am} / \mathrm{pm}$ | $\mathrm{am} / \mathrm{pm}$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |

I slept a total of: (Enter approximate hours/minutes)

|  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |

My sleep was disturbed by: (List any factors that made it hard to sleep including noise, lights, pets, allergies, temperature, pain, stress, medication, etc.)

|  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

When I woke up, I felt: (Circle one) $\mathbf{1}=$ Still tired; $\mathbf{2}=$ Somewhat awake; $\mathbf{3}$ = Wide awake

| 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

## Complete at Bed Time

| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| I exercised at least 30 minutes at: (Circle all that apply) |  |  |  |  |  |  |
| - 0 | - $\mathrm{i}^{+}$ | - | - $\mathrm{c}^{+}$ | - 4 | - i $^{+}$ | - 0 |
| Medications I used today: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| I took a nap today (Circle YES or NO. If YES, enter how long you napped). |  |  |  |  |  |  |
| $\begin{aligned} & \text { YES } \\ & \text { NO } \end{aligned}$ | YES $\qquad$ <br> NO | YES $\qquad$ <br> No | YES $\qquad$ <br> No | YES $\qquad$ NO | YES $\qquad$ <br> NO | $\begin{aligned} & \text { YES } \\ & \text { NO } \end{aligned}$ |

How likely was I to doze off while doing daily activities today: (Circle one)
$\mathbf{1}=$ Not at all likely; $\mathbf{2}$ = Not very likely; $\mathbf{3}=$ Somewhat likely; $\mathbf{4}=$ Very likely

| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

My mood today was: (Circle one) $: \cdot=$ Bad; $: \cdot=$ Okay; $:()=$ Good

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| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

Approximately 2-3 hours before going to bed I drank/ate: (Circle all that apply)


I drank/ate something with caffeine at: (Circle all that apply)
in. = Morning; = Afternoon; ( = Evening
$-\mathrm{c}-\mathrm{c}-\mathrm{c}-\infty-\mathrm{c}-\mathrm{c}-\mathrm{c}-\mathrm{c}$

In the hour before going to sleep, my bedtime routine included:
(e.g. read book; used electronics; took bath; did relaxation exercises; etc.)
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## Gomplete When You Wake Up

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| \# times $\qquad$ <br> \# mins $\qquad$ | \# times $\qquad$ <br> \# mins $\qquad$ | \# times <br> \# mins | \# times $\qquad$ <br> \# mins | \# times $\qquad$ <br> \# mins $\qquad$ | \# times $\qquad$ <br> \# mins $\qquad$ | \# times <br> \# mins |
| I got out of bed at: (Enter the time and circle am or pm) |  |  |  |  |  |  |
| am/pm | am/pm | am/pm | am/pm | am/pm | am/pm | am/pm |
| I slept a total of: (Enter approximate hours/minutes) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

My sleep was disturbed by: (List any factors that made it hard to sleep including noise, lights, pets, allergies, temperature, pain, stress, medication, etc.)

|  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
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| $\begin{aligned} & \text { YES } \\ & \text { NO } \end{aligned}$ | YES $\qquad$ <br> NO | YES $\qquad$ <br> No | YES $\qquad$ <br> No | YES $\qquad$ NO | YES $\qquad$ <br> NO | $\begin{aligned} & \text { YES } \\ & \text { NO } \end{aligned}$ |

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| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

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(e.g. read book; used electronics; took bath; did relaxation exercises; etc.)

## About the National Sleep Foundation

The National Sleep Foundation (NSF) is dedicated to improving health and well-being through sleep education and advocacy. Founded in 1990, NSF is committed to advancing excellence in sleep health theory, research and practice.

thensf.org<br>sleephealthjournal.org

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