**Sleep Diary**

One of the best ways you can tell if you are getting enough good quality sleep, and whether you have signs of a sleep disorder is by keeping a sleep diary. Use this sample diary to get started.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete in the Morning** | Name | | | | | | | |
| Day of the week | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Today’s date |  |  |  |  |  |  |  |
| Time I went to bed last night:  Time I woke up this morning:  Number of hours slept last night: |  |  |  |  |  |  |  |
| Number of awakenings:  Total time awake last night: |  |  |  |  |  |  |  |
| Time to fall asleep last night: |  |  |  |  |  |  |  |
| How awake did I feel when I got up this morning?  1—Wide awake  2—Awake but a little tired  3-- Sleepy |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete in the Evening** | Name | | | | | | | |
| Day of the week | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Today’s date |  |  |  |  |  |  |  |
| Number of caffeinated drinks (coffee, tea, cola) and time when I had them today: |  |  |  |  |  |  |  |
| Number of alcoholic drinks (beer, wine, liquor) and time when I had them today: |  |  |  |  |  |  |  |
| Naptimes and length of naps today: |  |  |  |  |  |  |  |
| Exercise times and length of exercise today: |  |  |  |  |  |  |  |
| How sleepy did I feel during the day today?  1—Very sleepy  2—Somewhat tired  3—Fairly alert  4—Wide awake |  |  |  |  |  |  |  |