

# SLEEP DIARY

Use this sleep diary to record the quality of your sleep, and to note any factors that may be preventing you from your best possible rest. Use the [\*\*5 principles of sleep hygiene\*\*](#) in your daily routine, and talk to your doctor about your sleep health.

## Fill out before going to bed

Today's Date:							
Number of caffeinated or alcoholic drinks (coffee, soda, tea, beer, wine, liquor) consumed and what time today:							
Time I ate dinner / other food before bed:							
Exercise times and lengths:							
How tired did I feel during the day today? 1-Struggled to stay awake most of the day 2-Somewhat tired 3-Fairly alert 4-Alert							

## Notes and Thoughts:

# SLEEP DIARY

Use this sleep diary to record the quality of your sleep, and to note any factors that may be preventing you from your best possible rest. Use the [\*\*5 principles of sleep hygiene\*\*](#) in your daily routine, and talk to your doctor about your sleep health.

## Fill out in the morning:

Today's Date:							
• Time I went to bed last night:							
• Time I got out of bed this morning:							
• Hours spent in bed last night:							
• Number of times I woke up last night:							
• Total time spent awake:							
How long I took to fall asleep last night:							
Time I stopped using electronics:							
How alert did I feel when getting up this morning?							
1-Alert							
2-Alert but a little tired							
3-Sleepy							

## Notes and Thoughts: