

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:

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Fill out in the morning:

Today's Date:							
<ul style="list-style-type: none"> Time I went to bed last night: Time I got out of bed this morning: Hours spent in bed last night: 							
<ul style="list-style-type: none"> 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: