National Sleep Foundation Sleep Diary

Fill out days 1-4 below and days 5-7 on page 2	COMPLETE IN THE MORNING							COMPLETE AT THE END OF DAY				
	I went to bed last night at:	**I got out of bed this morning at:**	**Last night, I fell asleep in:**	**I woke up during the night:** *(Record number of times)*	**When I woke up for the day, I felt:** (Check one)	**Last night I slept a total of:** (Record the number of hours)	**My sleep was disturbed by:** *(List any mental, emotional, physical or environmental factors that affected your sleep; e.g. stress, snoring, physical discomfort, temperature)*	**I consumed caffeinated drinks in the:** (e.g.coffee, tea, cola)	**I exercised at least 20 minutes in the:**	**Approximately 2-3 hours before going to bed, I consumed:**	**Medication(s) I took during the day:** (List name of medication)	**About 1 hour before going to sleep, I did the following activity:**
DAY 1	_____PM/AM	_____PM/AM	_____Minutes	_____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	_____Hours	_____	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	_____	_____
DAY 2	_____PM/AM	_____PM/AM	_____Minutes	_____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	_____Hours	_____	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	_____	_____
DAY 3	_____PM/AM	_____PM/AM	_____Minutes	_____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	_____Hours	_____	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	_____	_____
DAY 4	_____PM/AM	_____PM/AM	_____Minutes	_____Times		_____Hours	_____	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	_____	_____

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	I went to bed last night at:	**I got out of bed this morning at:**	**Last night, I fell asleep in:**	**I woke up during the night:** *(Record number of times)*	**When I woke up for the day, I felt:** (Check one)	**Last night I slept a total of:** (Record the number of hours)	**My sleep was disturbed by:** *(List any mental, emotional, physical or environmental factors that affected your sleep; e.g. stress, snoring, physical discomfort, temperature)*	**I consumed caffeinated drinks in the:** (e.g.coffee, tea, cola)	**I exercised at least 20 minutes in the:**	**Approximately 2-3 hours before going to bed, I consumed:**	**Medication(s) I took during the day:** (List name of medication)	**About 1 hour before going to sleep, I did the following activity:**
DAY 5	_____PM/AM	_____PM/AM	_____Minutes	_____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	_____Hours	_____	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	_____	_____
DAY 6	_____PM/AM	_____PM/AM	_____Minutes	_____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	_____Hours	_____	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	_____	_____
DAY 7	_____PM/AM	_____PM/AM	_____Minutes	_____Times	☐ Refreshed ☐ Somewhat refreshed ☐ Fatigued	_____Hours	_____	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Morning ☐ Afternoon ☐ Within a few hours of bed time ☐ Not applicable	☐ Alcohol ☐ A heavy meal ☐ Not applicable	_____	_____