

Sleep Diary

Keep this diary in a convenient place, such as your bedside table. After one week, look over your responses to see if there are any patterns or practices that may be contributing to your sleep problems. When you visit your doctor, bring the completed sleep diary with you to help your doctor develop a personalized insomnia action plan.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Sleep Patterns							
Time I went to bed							
Time I woke up							
Time it took me to fall asleep							
Number of times I woke up during the night							
Number of minutes I was awake during the night							
I felt refreshed when I woke up (Y/N)							
Daytime Activities							
Total time I napped							
Time I exercised							
There was a stressful event in my day (Y/N)							
Number of alcoholic drinks I consumed							
Number of caffeinated drinks I consumed							
During the day, I feel: 1- very tired 2- somewhat tired 3- normal 4- wide awake							