Sufficient sleep is important for your health, well-being and happiness. When you sleep better, you feel better. The National Sleep Foundation Sleep Diary will help you track your sleep, allowing you to see habits and trends that are helping you sleep or that can be improved.

**How to Use the National Sleep Foundation Sleep Diary**

- Our sleep diary only takes a few minutes each day to complete.
- We’ve given you diary entries for seven days; you may want to make several copies.
- Review your completed diary to see if there are any patterns or practices that are helping or hindering your sleep. Is your bedroom a sanctuary for sleep? Or are there too many distractions? Did your nap interfere with a good night’s sleep?
- Make incremental changes. Changing one habit at a time can set you on the path to healthy sleep.

Visit sleepfoundation.org for more sleep tips.
### Complete in Morning

<table>
<thead>
<tr>
<th>Start date:<strong>/</strong>/__</th>
<th>Day of week:</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PM/AM</td>
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</tbody>
</table>

### Complete at the End of Day

<table>
<thead>
<tr>
<th>Day of week:</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
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</thead>
<tbody>
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</table>

### I went to bed last night at:

**PM / AM**

### I got out of bed this morning at:

**AM / PM**

### Last night I fell asleep:

- Easily
- After some time
- With difficulty

### I woke up during the night:

- # of times
- # of minutes

### Last night I slept a total of:

- Hours

### My sleep was disturbed by:

List mental or physical factors including noise, lights, pets, allergies, temperature, discomfort, stress, etc.

### When I woke up for the day, I felt:

- Refreshed
- Somewhat refreshed
- Fatigued

### Notes:

Record any other factors that may affect your sleep (i.e. hours of work shift, or monthly cycle for women).

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### Medications I took today:

- Yes
- No

### Took a nap?

(circle one)

- Yes
- No

### During the day, how likely was I to doze off while performing daily activities:

- No chance
- Slight chance
- Moderate chance
- High chance

### Throughout the day, my mood was:

- Very pleasant
- Pleasant
- Unpleasant
- Very unpleasant

### Approximately 2-3 hours before going to bed, I consumed:

- Alcohol
- A heavy meal
- Caffeine
- Not applicable

### In the hour before going to sleep, my bedtime routine included:

List activities including reading a book, using electronics, taking a bath, doing relaxation exercises, etc.

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### I consumed caffeinated drinks in the:

- Moring, Afternoon, Evening, N/A

### I exercised at least 20 minutes in the:

- Moring, Afternoon, Evening, N/A

### When I woke up for the day, I felt:

- Refreshed
- Somewhat refreshed
- Fatigued

### Notes:

Record any other factors that may affect your sleep (i.e. hours of work shift, or monthly cycle for women).