Sleep Diary

Good quality and quantity sleep is important for your health, well-being and happiness. When you sleep better, you feel and function better. Aim for 7-9 hours of sleep per day.

Directions:

Use this sleep diary to track your daily sleep habits over one week. Before going to bed, reflect on your daily habits, mood and activities. Upon waking up note how you’re feeling and anything that delayed or supported your sleep the night before. At the end of the week review your completed diary and complete the Healthyhorns Sleep Assessment to see if there are any patterns or practices that are helping or hindering your sleep. Make incremental changes to your routine as needed. Changing one habit at a time can set you on the path to healthy sleep. If you are experiencing major sleep disturbances that interfere with your well-being, consider scheduling an appointment with a healthcare provider.

Day 1

Today is: S M T W T F S

BEFORE BED:
Bedtime: AM PM
Physical activity for min(s)
Consumed drugs (prescription or non-prescription) and/or caffeine: morning afternoon evening
Napped at: AM PM for min(s)
Mood: Energy level: 
In the last 1-2 hours: alcohol food phone/device

AFTER WAKING UP:
Wakeup time today: AM PM
Hit Snooze?: yes no n/a
Fell asleep: easily after some time with difficulty
Woke up feeling: 
Sleep disturbed by:
Bedtime/Sleep routine:

Total hours of sleep last night: ___

Day 2

Today is: S M T W T F S

BEFORE BED:
Bedtime: AM PM
Physical activity for min(s)
Consumed drugs (prescription or non-prescription) and/or caffeine: morning afternoon evening
Napped at: AM PM for min(s)
Mood: Energy level: 
In the last 1-2 hours: alcohol food phone/device

AFTER WAKING UP:
Wakeup time today: AM PM
Hit Snooze?: yes no n/a
Fell asleep: easily after some time with difficulty
Woke up feeling: 
Sleep disturbed by:
Bedtime/Sleep routine:

Total hours of sleep last night: ___

Day 3

Today is: S M T W T F S

BEFORE BED:
Bedtime: AM PM
Physical activity for min(s)
Consumed drugs (prescription or non-prescription) and/or caffeine: morning afternoon evening
Napped at: AM PM for min(s)
Mood: Energy level: 
In the last 1-2 hours: alcohol food phone/device

AFTER WAKING UP:
Wakeup time today: AM PM
Hit Snooze?: yes no n/a
Fell asleep: easily after some time with difficulty
Woke up feeling: 
Sleep disturbed by:
Bedtime/Sleep routine:

Total hours of sleep last night: ___
<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>BEFORE BED:</th>
<th>AFTER WAKING UP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 4</td>
<td>13/09</td>
<td>Bedtime: AM PM</td>
<td>Wakeup time today: AM PM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical activity for ___ min(s)</td>
<td>Hit Snooze?: yes no n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consumed drugs (prescription or non-prescription) and/or caffeine: morning afternoon evening</td>
<td>Fell asleep: easily after some time with difficulty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Napped at: AM PM for ___ min(s)</td>
<td>Woke up feeling: ☜ ☜ ☜ ☜ z</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mood: ☐ ☐ ☐ ☐ ☐</td>
<td>Sleep disturbed by: ____________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Energy level: ☐ ☐ ☐ ☐ ☐</td>
<td>Bedtime/Sleep routine: ________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In the last 1-2 hours: ☐ alcohol ☐ food ☐ phone/device</td>
<td></td>
</tr>
</tbody>
</table>

Complete the Healthyhorns Sleep Assessment at bit.ly/HHSleepAssessment to see how you can make meaningful changes towards a better night’s sleep.