

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 Total hours of sleep last night: _____

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: _____

Day 2 Today is: S M T W T F S Total hours of sleep last night: _____

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: _____

Day 3 Today is: S M T W T F S Total hours of sleep last night: _____

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: _____

Day 4 Today is: S M T W T F S

Total hours of sleep last night: _____

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: _____

Day 5 Today is: S M T W T F S

Total hours of sleep last night: _____

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: _____

Day 6 Today is: S M T W T F S

Total hours of sleep last night: _____

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: _____

Day 7 Today is: S M T W T F S

Total hours of sleep last night: _____

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: _____



The University of Texas at Austin
Longhorn Wellness Center
Counseling and Mental Health Center & University Health Services

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