

Sleep Tracker

Good quality and quantity sleep is important for your health, well-being and academic success.

When you sleep better, you feel and function better. Aim for 7-9 hours of sleep per day.

Directions:

Use this sleep tracker to track your daily sleep habits over one week. At the end of the week complete the Healthyhorns **Sleep Assessment** to get personalized sleep tips and resources. 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: _____

Total hours of sleep last night: _____

BEFORE BED:

Bedtime: _____ AM _____ PM

Time spent napping: _____ minutes

Afternoon/Evening Caffeine: _____ afternoon _____ evening

One hour before bed: _____ exercise _____ technology use

_____ substance use (alcohol, prescription or non-prescription drugs)

AFTER WAKING UP:

Wakeup time: _____ AM _____ PM

Rate sleep quality: (1 through 10, 1=lowest and 10=highest) _____

Sleep disturbed by: _____

Notes or reflections:

Day 2 Today is: _____

Total hours of sleep last night: _____

BEFORE BED:

Bedtime: _____ AM _____ PM

Time spent napping: _____ minutes

Afternoon/Evening Caffeine: _____ afternoon _____ evening

One hour before bed: _____ exercise _____ technology use

_____ substance use (alcohol, prescription or non-prescription drugs)

AFTER WAKING UP:

Wakeup time: _____ AM _____ PM

Rate sleep quality: (1 through 10, 1=lowest and 10=highest) _____

Sleep disturbed by: _____

Notes or reflections:

Day 3 Today is: _____

Total hours of sleep last night: _____

BEFORE BED:

Bedtime: _____ AM _____ PM

Time spent napping: _____ minutes

Afternoon/Evening Caffeine: _____ afternoon _____ evening

One hour before bed: _____ exercise _____ technology use

_____ substance use (alcohol, prescription or non-prescription drugs)

AFTER WAKING UP:

Wakeup time: _____ AM _____ PM

Rate sleep quality: (1 through 10, 1=lowest and 10=highest) _____

Sleep disturbed by: _____

Notes or reflections:

Day 4 Today is: _____

Total hours of sleep last night: _____

BEFORE BED:

Bedtime: _____ AM _____ PM

Time spent napping: _____ minutes

Afternoon/Evening Caffeine: _____ afternoon _____ evening

One hour before bed: _____ exercise _____ technology use
_____ substance use (alcohol, prescription or non-prescription drugs)

AFTER WAKING UP:

Wakeup time: _____ AM _____ PM

Rate sleep quality: (1 through 10, 1=lowest and 10=highest) _____

Sleep disturbed by: _____

Notes or reflections:

Day 5 Today is: _____

Total hours of sleep last night: _____

BEFORE BED:

Bedtime: _____ AM _____ PM

Time spent napping: _____ minutes

Afternoon/Evening Caffeine: _____ afternoon _____ evening

One hour before bed: _____ exercise _____ technology use
_____ substance use (alcohol, prescription or non-prescription drugs)

AFTER WAKING UP:

Wakeup time: _____ AM _____ PM

Rate sleep quality: (1 through 10, 1=lowest and 10=highest) _____

Sleep disturbed by: _____

Notes or reflections:

Day 6 Today is: _____

Total hours of sleep last night: _____

BEFORE BED:

Bedtime: _____ AM _____ PM

Time spent napping: _____ minutes

Afternoon/Evening Caffeine: _____ afternoon _____ evening

One hour before bed: _____ exercise _____ technology use
_____ substance use (alcohol, prescription or non-prescription drugs)

AFTER WAKING UP:

Wakeup time: _____ AM _____ PM

Rate sleep quality: (1 through 10, 1=lowest and 10=highest) _____

Sleep disturbed by: _____

Notes or reflections:

Day 7 Today is: _____

Total hours of sleep last night: _____

BEFORE BED:

Bedtime: _____ AM _____ PM

Time spent napping: _____ minutes

Afternoon/Evening Caffeine: _____ afternoon _____ evening

One hour before bed: _____ exercise _____ technology use
_____ substance use (alcohol, prescription or non-prescription drugs)

AFTER WAKING UP:

Wakeup time: _____ AM _____ PM

Rate sleep quality: (1 through 10, 1=lowest and 10=highest) _____

Sleep disturbed by: _____

Notes or reflections:
