

Sleep Diary

Complete this form each day: write in the shaded area just before going to bed, and the non-shaded area in the morning

Day / date							
Mood level during the day 0 – 10 (10 worst)							
Fatigue level during the day 0 – 10 (10 worst)							
Naps taken during day – what time? How long for?							
Activity during day? 0 – 10 (10 most active)							
Caffeine, nicotine, alcohol during day, and during evening?							
What did I do just before going to bed?							
What time I went to bed							
What did I do in bed? (Read, TV, sex)							
What time did I put the lights out?							
How many minutes before I fell asleep?							
What time did I wake up?							
Number of times I woke up?							
Number of hours I slept?							
On waking up in the morning, how rested do I feel? 0 – 10 (10 most rested)							