Sleep Diary (SAMPLE)

Use this form to keep track of your progress. Each morning, place a checkmark in the box beside the strategies you used the day before and then rate your overall sleep quality for that night.

Sleep Strategy	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Comfortable sleep environment	\checkmark	\checkmark	\checkmark		\checkmark	\checkmark	\checkmark
Relaxation exercise							
Light bedtime snack							
Exercised late afternoon or early evening (but at least 2 hours before bed)		\checkmark		\checkmark		\checkmark	
Followed bedtime routine							
Woke up at set time	\checkmark	\checkmark	\checkmark		\checkmark		
Went to bed when sleepy							
Used bed only for sleep							
Got out of bed if not asleep within 20-30 mins.							
Avoided caffeine, alcohol, and smoking at least 4 hrs before bedtime	\checkmark	\checkmark		\checkmark	\checkmark	\checkmark	\checkmark
Avoided naps		\checkmark				\checkmark	
Natural light in the morning							
Other strategy (specify):							
Quality of sleep: Rate from 0 to 10 0 = poor sleep/restless and unsatisfying 10 = no sleep problems/restful and satisfying	4	6	3	5	3	6	4

WEEK: <u>March 24th to 30th</u>

Comments: <u>Slept better on the nights I exercised in the afternoon.</u> <u>Trying to wake up at 7 am every</u> day, woke up a little later on the weekend. Avoiding caffeine seems to be helping. Will try establishing a bedtime routine next week.

Sleep Diary

Use this form to keep track of your progress. Each morning, place a checkmark in the box beside the strategies you used the day before and then rate your overall sleep quality for that night.

WEEK: _____

Sleep Strategy	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Comfortable sleep environment							
Relaxation exercise							
Light bedtime snack							
Exercised late afternoon or early evening (but at least 2 hours before bed)							
Followed bedtime routine							
Woke up at set time							
Went to bed when sleepy							
Used bed only for sleep							
Got out of bed if not asleep within 20-30 mins.							
Avoided caffeine, alcohol, and smoking at least 4 hrs before bedtime							
Avoided naps							
Natural light in the morning							
Other strategy (specify):							
Quality of sleep: Rate from 0 to 10 0 = poor sleep/restless and unsatisfying 10 = no sleep problems/restful and satisfying							

Comments:_____