Sleep Diary





Please fill out this diary first thing in the morning.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Week 1** | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th |
| Day: |  |  |  |  |  |  |  |
| Number of naps yesterday |  |  |  |  |  |  |  |
|  My stress level yesterday was (No stress) 0 – 10 (Extreme) |  |  |  |  |  |  |  |
| I got into bed at |  |  |  |  |  |  |  |
| Tried to get to sleep at |  |  |  |  |  |  |  |
| Fell asleep at |  |  |  |  |  |  |  |
| Time I first woke up at |  |  |  |  |  |  |  |
| Number of times I woke up |  |  |  |  |  |  |  |
|  I got up to start my day at |  |  |  |  |  |  |  |
|  My total sleep hours |  |  |  |  |  |  |  |
|  My sleep quality was  (Really Bad) 0 – 10 (Excellent) |  |  |  |  |  |  |  |
|   My main problem was |  |  |  |  |  |  |  |

My sleep goal is to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_