The **National Sleep Foundation** is dedicated to improving health and well-being through sleep education and advocacy. It is well-known for its annual Sleep in America® poll. The Foundation is a charitable, educational and scientific not-for-profit organization located in Washington, DC. Its membership includes researchers and clinicians focused on sleep medicine, health professionals, patients, families affected by drowsy driving and more than 900 healthcare facilities.

www.sleepfoundation.org

Sleep Diary

Sufficient sleep is important for your health, well-being and happiness. When you sleep better, you feel better. The National Sleep Foundation Sleep Diary will help you track your sleep, allowing you to see habits and trends that are helping you sleep or that can be improved.

How to Use the National Sleep Foundation Sleep Diary

- Our sleep diary only takes a few minutes each day to complete.
- We've given you diary entries for seven days; you may want to make several copies.
- Review your completed diary to see if there are any patterns or practices that are helping or hindering your sleep. Is your bedroom a sanctuary for sleep? Or are there too many distractions? Did your nap interfere with a good night's sleep?
- Make incremental changes. Changing one habit at a time can set you on the path to healthy sleep.

Visit sleepfoundation.org for more sleep tips.

NATIONAL SLEEP FOUNDATION

Sleep Diary: Morning

Complete in Morning

Start date: __/__/__ Day of week:	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I went to bed last night at:	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM	PM / AM
I got out of bed this morning at:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Last night I fell asleep:							
Easily	☐	☐	☐	☐	☐	☐	☐
After some time	☐	☐	☐	☐	☐	☐	☐
With difficulty	☐	☐	☐	☐	☐	☐	☐
I woke up during the night:							
# of times							
# of minutes							
Last night I slept a total of:	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My sleep was disturbed by: List mental or physical factors including noise, lights, pets, allergies, temperature, discomfort, stress, etc.							
When I woke up for the day, I felt:							
Refreshed	☐	☐	☐	☐	☐	☐	☐
Somewhat refreshed	☐	☐	☐	☐	☐	☐	☐
Fatigued	☐	☐	☐	☐	☐	☐	☐
Notes: Record any other factors that may affect your sleep (i.e. hours of work shift, or monthly cycle for women).							

Sleep Diary: End of Day

Complete at the End of Day

Day of week:	Day 1 _____	Day 2 _____	Day 3 _____	Day 4 _____	Day 5 _____	Day 6 _____	Day 7 _____
I consumed caffeinated drinks in the: (M)orning, (A)fternoon, (E)vening, (N/A)							
M / A / E / NA How many?	_____	_____	_____	_____	_____	_____	_____
I exercised at least 20 minutes in the: (M)orning, (A)fternoon, (E)vening, (N/A)							
Medications I took today:							
Took a nap? (circle one)	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If Yes, for how long?							
During the day, how likely was I to doze off while performing daily activities: No chance, Slight chance, Moderate chance, High chance							
Throughout the day, my mood was… Very pleasant, Pleasant, Unpleasant, Very unpleasant							
Approximately 2-3 hours before going to bed, I consumed:							
Alcohol	☐	☐	☐	☐	☐	☐	☐
A heavy meal	☐	☐	☐	☐	☐	☐	☐
Caffeine	☐	☐	☐	☐	☐	☐	☐
Not applicable	☐	☐	☐	☐	☐	☐	☐
In the hour before going to sleep, my bedtime routine included: List activities including reading a book, using electronics, taking a bath, doing relaxation exercises, etc.							